



PLANNING & OVERSIGHT COMMITTEE
WEDNESDAY, JULY 8, 2020
4:00 PM

ZOOM MEETING: Join Zoom Meeting via direct link:

<https://adamhsc.org.zoom.us/j/81941476301?pwd=aHYxKzU3bVJOZjJYZ1ZSWEJlVUdNUT09>

Through the web at: <https://zoom.us/join> and enter Meeting ID: 819 4147 6301 and Password: 113427

Call: 1 929 205 6099 and enter Meeting ID: 819 4147 6301 and Password: 113427

Committee Mission Statement: *The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community.*

AGENDA

1. **Call to Order** – *Kathleen Kern-Pilch, ATR-BC, LPC-S, Committee Chair*
2. **Board Member Attendance Roll Call** – *Linda Lamp*
3. **Approval of Minutes** – June 10, 2020 – *Kathleen Kern-Pilch*
4. **Presentations:**
 - Crisis Stabilization Beds / Bluestone Child and Adolescent Psychiatric Hospital – *Erin DiVincenzo*
 - *Jeff Lox, Executive Director, Bellefaire Jewish Children's Bureau*
 - East Cleveland Prevention Program – *Charde Hollins*
 - *Jerome West, Executive Director, East Cleveland Neighborhood Center*
5. **SFY2021-2022 Community Plan** – (Action Requested) – *Scott Osiecki / Maggie Tolbert*
6. **Crawford Recovery House Transfer** – \$25,000 – (Action Requested) – *Larry Smith, Jr.*
7. **Community Action Against Addiction (CAAA) Recovery Housing for Men** – Reduction of \$155,105 – (Action Requested) – *Larry Smith, Jr.*
8. **United States Department of Health and Human Services (US DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Jail Diversion Grant** – \$330,000 – (Action Requested) – *Carole Ballard / Beth Pfohl*
9. **State Opioid Response (SOR) Grants Additional Board Training Opportunities** – \$15,290 – (Action Requested) – *Carole Ballard / Beth Pfohl*
10. **FrontLine Service Enhancement of Crisis/Information/Referral/Support Hotline with SAMHSA Emergency COVID-19 Funds** – \$51,563.83 – (Action Requested) – *Scott Osiecki*
11. **Adult Care Facility (ACF) Mini-Grants Update** – *Allison Schaefer*

12. Substance Use Recovery and Workplace Safety Program (SURWSP) Update – *Myra Henderson*

13. New Business

PLANNING & OVERSIGHT COMMITTEE

Kathleen Kern-Pilch, ATR-BC, LPC-S, Committee Chair

Crystal L. Bryant, Esq., MS, LSW, Committee Vice Chair

Reginald C. Blue, Ph.D.; Gregory X. Boehm, M.D.; Elsie Caraballo;

J. Robert Fowler, Ph.D.; Patricia James-Stewart, M.Ed., LSW

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

PLANNING & OVERSIGHT COMMITTEE MINUTES

JUNE 10, 2020

Committee Members Present: Katie Kern-Pilch, ATR-BC, LPC-S, Committee Chair, Gregory X. Boehm, M.D., Crystal Bryant, Esq., MS, LSW, Elsie Caraballo, J. Robert Fowler, Ph.D., Rev. Benjamin F. Gohlstin, Sr., Patricia James-Stewart, M.Ed., LSW, Steve Killpack, MS, Harvey A. Snider, Esq.

Absent: Reginald C. Blue, Ph.D.

Board Staff Present: Scott Osiecki, CEO, Joseph Arnett, Carole Ballard, Curtis Couch, Erin DiVincenzo, Tami Fischer, Cheryl Fratalonie, Felicia Harrison, Esther Hazlett, Myra Henderson, Charde' Hollins, Leslie Koblentz, Linda Lamp, Kelli Perk, Allison Schaefer, Starlette Sizemore-Rice, Larry Smith, Jr., Michael Smith, Maggie Tolbert, Jessica Torres, Beth Zietlow-DeJesus

1. **Call to Order**

Ms. Katie Kern-Pilch, Planning & Oversight Committee Chair, called the meeting to order at 4:00 p.m. Ms. Patricia James-Stewart read into the record the Committee Mission Statement: *"The Planning & Oversight Committee, in cooperation with all partners, advocates for and monitors programs, policies and practices which are continually improved to meet the needs of clients, their families, and the community."*

2. **Board Member Attendance Roll Call**

Due to the current public health orders surrounding COVID-19, and the Board's commitment to ensuring the health and safety of our Board members, staff, partners, and stakeholders, the Planning & Oversight Committee meeting was held via Zoom. To assure a quorum, Ms. Linda Lamp, Executive Assistant, completed the Board member attendance roll call.

3. **Approval of Minutes**

The Planning & Oversight Committee minutes of May 13, 2020 were approved as submitted.

4. **Needs Assessment Presentation**

Mr. Curtis Couch, Chief Technology and Data Analytics Officer, stated that the ADAMHS Board routinely conducts a system Needs Assessment/Analysis to ensure that Cuyahoga County's Public Behavioral Health and Recovery System continues to adapt to an environment of high service demands and that constrained resources are allocated appropriately. The Needs Assessment/Analysis will assist the ADAMHS Board in identifying areas of greatest need for client services for planning, funding, evaluating and advocacy purposes. The Ohio Department of Mental Health and Addiction Services (OhioMHAS), as well as general evaluation standards, suggest that local Boards conduct a thorough Needs Assessment/Analysis approximately every five years. The ADAMHS Board's last Community Needs Assessment/Analysis was completed in 2016. In preparation for the development of the Board's 2021-2025 Strategic Plan, ADAMHS Board staff has been working collaboratively with Cleveland State University (CSU) representatives to complete this assessment in a timely fashion. However, due to COVID-19, CSU requested a two-week extension for delivery of the final Needs Assessment/Analysis. ADAMHS Board staff approved this extension.

Mr. Couch introduced CSU representatives Cathleen A. Lewandowski, Ph.D., MSW, Professor, School of Social Work, and Director, Center for Behavioral Health Sciences, and Miyuki Fukushima Tedor, Ph.D., Associate Professor, Department of Criminology, Anthropology, and Sociology, and Faculty Affiliate, Center for Behavioral Health Sciences, to provide a presentation on the ADAMHS Board's Needs Assessment. Dr. Lewandowski reported that the Needs Assessment evaluated current mental health and substance use disorder treatment and recovery support services, identified gaps in services and proposed recommendation for change at many levels in the Cuyahoga County system of care for which the ADAMHS Board makes programmatic and funding decisions.

This Needs Assessment, referenced as "the study", analyzed data collected from January through December 2019 utilizing epidemiological analysis, utilization analysis, and input from both clients and experts, or agency executive directors and direct

service providers. Demographic and epidemiological data found in the first three Chapters of this study were used to estimate the unmet needs for substance use disorder and mental health treatment in Cuyahoga County. The study's key estimates revealed that there is a large disparity between individuals with substance use disorders and individuals who receive treatment in Cuyahoga County:

- Approximately 1,481 youth (ages 12 to 17), and 62,116 adults (ages 18 and older) had an alcohol use disorder, would benefit from treatment, and did not receive treatment in the past year.
- Approximately 2,208 youth (ages 12 to 17), and 30,565 adults (ages 18 and older) had an other substance use disorder, would benefit from treatment, and did not receive treatment in the past year.
- Approximately 353 youth (ages 12 to 17), and 4,930 adults (ages 18 and older) had both alcohol and other substance use disorders in the past year but did not receive treatment for either one.

The study indicates a large disparity between individuals with a mental health disorder and individuals who receive treatment and/or service. The study estimates that in Cuyahoga County:

- Approximately 12,455 youth (ages 12 to 17) reported having a major depressive episode in the past year; less than half (5,720) reported seeking treatment.
- Approximately 62,116 adults (ages 18 and older) experienced a mental illness but did not receive any treatment in the past year.

The study also indicates that approximately 1,413 youth or 1.6% of youth (ages 12 to 17) reported having both a major depressive episode and substance use disorder in the past year in Cuyahoga County. Many of the individuals who need substance use or mental health treatment in Cuyahoga County rely on publicly funded services, largely Medicaid, and/or are uninsured. Based on the analysis of the publicly funded client data provided by the ADAMHS Board and responses from surveys to behavioral health and systemwide partners, data revealed the following:

- Respondents most frequently saw the Board's role as providing funding. However, there were several other roles that were identified, including advocacy and support, oversight and accountability, and leadership.
- Males were more likely than females to receive services funded by the ADAMHS Board. However, females were more likely than males to receive services funded by Medicaid.
- Whites were more likely than African Americans or Asians to receive services that were funded by the ADAMHS Board.
- African Americans were most likely among race/ethnicity groups to receive services that were funded by Medicaid. The high likelihood of services funded by Medicaid among African Americans might be explained by the fact that a very high proportion of African Americans receive Medicaid than the proportion of whites receiving Medicaid in Cuyahoga County.
- Hispanics and non-Hispanics were equally likely to receive services that were funded by the ADAMHS Board. They were also equally likely to receive services funded by Medicaid.

Risk factors that can contribute to mental health and substance use disorders include the literacy rate, having a disability, being homeless, Medicaid eligibility, experiencing violence through violent crimes, intimate partner violence and child maltreatment. Other risk factors include marital status, or single parent households, employment, arrest and incarceration rates and education. Cuyahoga County residents have higher rates of these risk factors overall when compared to the state of Ohio and nationally. These categories are called Social Determinants of Health. Social determinants of health describe health disparities and unmet needs in the community. They can result in poor health outcomes, earlier death and increased risk of mental health and substance use disorders. While there are many at-risk populations in Cuyahoga County, the population that frequently "falls through the cracks" are (1) persons with a dual diagnosis, (2) persons who are chronically homeless, (3) women with children, (4) pregnant women, (5) transitional adults age 18-25, and (6) persons whose primary language is other than English.

The report concludes with recommendations from the authors. These recommendations are drawn from the report's findings as well as the authors' understanding of the current state of behavioral health. Each chapter includes a conclusion, summarizing key findings. The recommendations are based on overall findings of both primary and secondary data sources. (The Needs Assessment PowerPoint presentation is attached to the original minutes stored in the Executive Unit.)

[Gregory X. Boehm, M.D. left the meeting.]

Committee Member Input:

- Ms. Kern-Pilch expressed her appreciation for the comprehensive nature of the information provided in the Needs Assessment and noted that this information will be utilized for the development of the Board's Calendar Year (CY) 2021-CY2025 Strategic Plan.
- Dr. Fowler inquired with Dr. Lewandowski as to the present status of the ADAMHS Board relative to the delivery of services. Dr. Lewandowski reported that the main purpose of this study was to complete a needs assessment; but believes that overall, individuals were satisfied with the services they received.
- Dr. Fowler also inquired with Dr. Lewandowski as to the reasons why individuals did not seek treatment. Dr. Lewandowski reported that treatment access issues, such as access to services, hours of services and/or individuals not being aware of available services, could exist.
- Mr. Snider inquired as to whether transportation was a barrier for individuals seeking treatment. Dr. Lewandowski responded that transportation was mentioned as a barrier to services but was not identified as a critical barrier.

5. Strategic Plan Recommendation

Ms. Tami Fischer, Chief Administrative Officer, provided committee members with an update regarding the development and implementation of a five-year Strategic Plan for the ADAMHS Board for CY2021 through CY2025. The ADAMHS Board is currently operating under the CY2017 through CY2020 Strategic Plan. In order to plan for the future by ensuring a system of care that enables individuals to access high quality, culturally competent, behavioral health services, the Board issued a Request for Proposal (RFP) seeking a consultant for the development of a new Strategic Plan. This plan will be developed based on the Board's most recent Needs Assessment, workforce development strategies, community input and the performance of the current provider network.

The Board's Strategic Plan will inform strategies and resource allocation decisions for CY2021 through CY2025 and is intended to be a fluid document that will be reviewed on a regular basis for modifications with the changing environment. In response to the Strategic Plan Request for Proposal (RFP), the ADAMHS Board received thirteen proposals that were reviewed and rated by an internal Board Review Committee consisting of eight staff members. Each proposal was scored on a 100-point scale with 800 points being the highest possible score. To determine the selected candidate, the Review Committee selected bidders that scored at least 700 points. Ms. Fischer reported that RAMA Consulting, Inc. was the high scorer with 759 points. Public Works, the second-highest scorer, was eliminated due to cost constraints. At \$149,600, their bid was nearly three times the amount of Rama Consulting. The third-highest scorer, Analytic Design Partners, was eliminated following discussion regarding their location, lack of local contracts, and the sense that the majority of the work on this project may rest with the Board rather than the vendor.

The Board's Review Committee also considered hours committed to the project for the bidders in question and determined that RAMA Consulting, Inc's bid, which identified 417 work hours, was determined to be the most efficient hourly rate of \$131. As a result of a number of factors considered during a stringent review process, RAMA Consulting, Inc. was selected as the CY2021 through CY2025 Strategic Planning vendor.

Ms. Fischer added that RAMA Consulting, Inc. was the vender selected for the Board's CY2017 through CY2020 Strategic Plan and reported that RAMA Consulting, Inc. representatives were present to respond to any questions.

[Due to technical difficulties during the Zoom meeting, Patricia James-Stewart, M.Ed., LSW, was not able to vote.]

6. Development of Strategic Plan for Behavioral Health Workforce – Consulting Contract Extension

Ms. Fischer reported that the ADAMHS Board is currently contracting through June 30, 2020 with Jeffrey D. Johnson, Attorney-At-Law Consultant, for the development and delineation of implementation of a Strategic Plan for Behavioral Health Workforce Development. Due to COVID-19, Mr. Johnson is requesting a two-month contract extension for completion of his outreach with community partners and to continue writing the plan. This contract extension would be through August 31, 2020.

Motion to amend Resolution No. 19-06-04 to extend the consulting contract for two months with Jeffrey D. Johnson, Attorney-At-Law Consultant, for the development and delineation of implementation of a Strategic Plan for Behavioral Health Workforce Development at a rate of \$83 per hour for approximately 60 hours per month up to a maximum of \$60,000 for the time period of July 1, 2019 – August 31, 2020 to the full Board. MOTION: B. Gohlstin / SECOND: R.

Fowler / AYES: C. Bryant, E. Caraballo, R. Fowler, B. Gohlstin, K. Kern-Pilch, S. Killpack, H. Snider / NAYS: None / **Motion passed.**

7. COVID-19 Emergency Funding

Cornerstone of Hope

Mr. Larry Smith, Jr., Director of Programs, reported that Cornerstone of Hope provides individual Counseling/Support Groups for caregivers and community partners. When the COVID-19 quarantine began, Cornerstone of Hope expanded its services beyond bereavement to provide counseling for anxiety, depression, isolation, stress, adjustment disorder, and other related issues. Cornerstone of Hope has been offering remote telehealth counseling, and also opened their offices on May 11, 2020 in accordance with the Responsible RestartOhio protocol. He reported that during the quarantine, individuals and grieverers are isolated from friends and family, which can increase feelings of loneliness, panic, depression, and increase risk for substance abuse and suicide. The resulting need for mental health care at this time is great. With this emergency funding, Cornerstone of Hope can ensure the continuation of the organization's ability to provide critical bereavement and mental health care while adding targeted programs for caregivers of all types. They will also be able to serve more low-income clients in need with the ability to obtain reimbursement from Medicare/Medicaid.

Mr. Smith requested the Board to amend Resolution No. 19-11-08 to provide Cornerstone of Hope emergency funding due to the COVID-19 pandemic in the amount of \$40,000 which will increase the existing Cornerstone of Hope agreement from \$67,000 to \$107,000. Representatives from Cornerstone of Hope were present to respond to any questions.

Recovery Resources

Mr. Smith reported that Recovery Resources is a comprehensive Outpatient Behavioral Health organization which provides services to children, adolescents and adults using evidence-based practice and client-centered strategies. ADAMHS Board funding support the following programs through Recovery Resources: Substance Use Disorder (SUD) Prevention, Mental Health (MH) Housing, Two MH Employment Programs, MH Peer Support, and Jail Liaisons, Suburban Jail Liaisons, SUD/MH Prevention for Transitional Aged Youth, Gambling Initiatives and Treatment Services through pooled funding.

Mr. Smith reported that this crucial emergency funding will increase the safety and wellbeing of all clients, staff and visitors who receive services, work or are engaged in other business at Recovery Resources. Screeners will be stationed at entry points to ensure all clients, employees and visitors are screened properly before entering the building. Currently this is an unfunded but required service to ensure the safety of all entering the facility. This will require at least 2.5 Full Time Equivalents (FTEs) for the remainder of the year. Also, due to the current social distancing requirements, alternative waiting areas are needed. As a result, additional Peer Navigators are needed for the remainder of 2020 and additional safety barriers will be put in place in waiting areas.

Mr. Smith requested the Board to amend Resolution No. 19-11-08 to provide Recovery Resources emergency funding due to the COVID-19 pandemic in the amount of \$100,000. A representative from Recovery Resources was present to respond to any questions.

Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)

Mr. Smith reported that Hispanic UMADAOP is an ADAMHS Board contract agency that provides prevention, residential and outpatient treatment specific to the Hispanic/Latino population, although all individuals are welcome to obtain services from the agency. Since the national and State of Ohio declarations of COVID-19 as a public health emergency, Hispanic UMADAOP instituted daily operation guidelines for preventing the spread of the virus while serving clients. However, the COVID-19 pandemic and subsequent State of Ohio-Stay at Home Order began to negatively impact residential client admissions.

Mr. Smith stated that on May 22, an employee of Hispanic UMADAOP tested positive for COVID-19. Hispanic UMADAOP immediately engaged the Cleveland Department of Public Health (CDPH) to interview employees and residential treatment clients, send out quarantine orders, and assist with mapping employee return dates. Within days, Hispanic UMADAOP completed discharge of the remainder of the residential clients and on May 27, 2020 their Board of Directors announced the temporary closure of the residential treatment center through June 14, 2020 for lack of residential clients, professional decontamination cleaning, and lack of available staff. Hispanic UMADAOP requested \$53,102.51 in emergency funding to

provide fringe benefits to employees during the temporary closure of its residential services, hazard incentive pay, and for addressing already expended and future costs of reopening its residential treatment services.

Mr. Smith requested the Board to amend Resolution No. 19-11-08 to provide Hispanic UMADAOP emergency funding due to the COVID-19 pandemic in the amount of \$20,382.51, which will increase the existing Hispanic UMADAOP agreement from \$75,000 to \$95,382.51.

[Due to the resolution of technical difficulties during the Zoom meeting, Ms. Patricia James-Stewart, M.Ed., LSW, was able to vote; and Mr. Steve Killpack, MS, left the meeting.]

Motion to amend Resolution No. 19-11-08 to provide Cornerstone of Hope emergency funding due to the COVID-19 pandemic in the amount of \$40,000; to amend Resolution No. 19-11-08 to provide Recovery Resources emergency funding due to the COVID-19 pandemic in the amount of \$100,000; and to amend Resolution No. 19-11-08 to provide Hispanic UMADAOP emergency funding due to the COVID-19 pandemic in the amount of \$20,382.51, which will increase the existing Hispanic UMADAOP agreement from \$75,000 to \$95,382.51 to the Finance & Operations Committee. MOTION: B. Gohlstin / SECOND: P. James-Stewart / AYES: C. Bryant, E. Caraballo, R. Fowler, B. Gohlstin, P. James-Stewart, K. Kern-Pilch, H. Snider / NAYS: None / **Motion passed.**

8. State Opioid Response (SOR) Grant Funding for Training

Mr. Smith provided an update regarding the availability of two SOR funding opportunities that the ADAMHS Board intends to pursue. He reported that this funding is available to the Ohio Association of Community Behavioral Health Authorities (OACHBA) partnering entities that can conduct training for program sustainability and technical assistance to organizations funded through SOR. Presently, the ADAMHS Board has 15 programs funded through SOR and these programs will be the target of these trainings. These funds are intended to help providers funded by SOR assess areas of sustainability, create sustainable business models and sustainability plans, support collective efforts to spark system and local level change and integrate sustainability into business strategies and day to day operations. Through the collaborative efforts of Board staff to utilize these funds prior to end of the Federal State Fiscal Year (September 30, 2020), an extensive list of virtual trainings by national and local presenters will be created for SOR providers. The second SOR funding opportunity the Board intends to pursue consists of the expansion of peer support with Opioid Use Disorder (OUD) in non-traditional settings.

Mr. Scott Osiecki, Chief Executive Officer, commended Ms. Beth Pfohl, Grants and Evaluation Officer, regarding her efforts to thoroughly review all grant opportunities for viability of Board involvement.

9. New Business

A representative from RAMA Consulting, Inc. thanked the Board for being selected as the consultant for the development of the Board's Strategic Plan for Calendar Years 2021-2025.

Mr. Osiecki shared that he provided testimony to the Senate regarding declaring racism as a public health crisis. Mr. Snider commended this testimony and suggested that the ADAMHS Board also pass a Resolution regarding this testimony. He indicated that the Board could use the Ohio Association of County Behavioral Health Authorities (OACBHA) statement as a template; which was developed by a small group that included Mr. Osiecki. Once the Resolution is written, a draft copy could be forwarded to Board members for review prior to placement on the General Meeting agenda. Board members concurred. Mr. Snider requested that in addition to reviewing OACBHA's statement regarding racism as a public health crisis, Board staff should also review the City of Shaker Heights statement for additional language.

Rev. Gohlstin reminded all that the 2020 Census is transpiring and that individuals need to be prompted to complete this document, which determines funding and House representation for each district. Mr. Osiecki reported that Ms. Beth Zietlow-DeJesus, Director of External Affairs, and Ms. Madison Greenspan, External Affairs Officer, have been very active with the Census and will be contracting with a sound truck to encourage individuals to complete the 2020 Census.

Committee Member Input:

- Ms. Kern-Pilch commended Mr. Osiecki's testimony to the Ohio Senate Health and Human Services and Medicaid Committee; in addition to his recognition by the CSU Public Manager Program.

Ms. Kern-Pilch reported that the next Planning and Oversight Committee Meeting is scheduled for Wednesday, July 8, 2020.

There being no audience comment or further business, the meeting adjourned at 5:15 p.m.

Submitted by: Linda Lamp, Executive Assistant

Approved by: Kathleen Kern-Pilch, ATR-BC, LPC-S, Planning & Oversight Committee Chair

DRAFT

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].
 - a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?
 - The ADAMHS Board routinely conducts a thorough system Needs Assessments/Analysis approximately every 5 years to ensure Cuyahoga County's Public Behavioral Health and Recovery System continues to adapt to an environment of high service demands and ensure that constrained resources are allocated judiciously and equitably within our community. The Board contracted with Cleveland State university for a Community Needs Assessment that was completed in May 2020 in preparation for our Strategic Planning initiative that began in July 2020.
 - The study included four types of possible needs assessments: epidemiological analysis, utilization analysis, input from both clients and subject matter experts, as well as agency executive directors and direct service providers.
2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.
 - The Board’s 2020 Community Needs Assessment quantified the socio-demographic characteristics of Cuyahoga County population, such as the population size, type of residential areas, gender, age, race/ethnicity, citizenship status, refugee status, marital status, type of household, median household income, unemployment rate, poverty, languages spoken at home and bilingual speakers, difficulty communicating, adult literacy, veteran status, disability status, LGBTQ, homelessness, criminal victimization and domestic violence experience, sexual, physical, and emotional abuse experience and trauma, and criminal justice involvement.
 - When possible, data for Cuyahoga County were compared to national, State, the large metro counties (Franklin and Hamilton), and the City of Cleveland to assist the Board in understanding the unique characteristics of our community.

Comparative population demographics for Cuyahoga county:

	U.S.	Ohio	Franklin County	Hamilton County	Cuyahoga County	Cleveland
Total population	327,167,439	11,689,442	1,310,300	816,684	1,243,857	383,781
Median age	38.2	39.5	34.1	36.6	40.4	36.3
Hispanic or Latino (of any race)	18.3%	3.9%	5.7%	3.5%	6.2%	12.3%
White	60.2%	78.6%	62.3%	64.9%	58.5%	34.1%
Black or African American	12.3%	12.2%	22.5%	25.1%	28.8%	46.6%
American Indian and Alaska Native	0.7%	0.2%	0.1%	0.1%	0.1%	0.1%
Asian	5.6%	2.3%	5.4%	3.0%	3.0%	2.8%
Native Hawaiian and other Pacific Islander	0.2%	0.0%	0.0%	0.2%	0.0%	0.0%
Some other race	0.3%	0.2%	0.3%	0.2%	0.3%	0.4%
Two or more	2.5%	2.7%	3.6%	3.1%	3.0%	3.6%

Source: American Community Survey, 2018

Socioeconomic factors

- Cuyahoga County residents have a consistently low socioeconomic status, when measured by household income, unemployment rate, poverty, and educational attainment.

- Cuyahoga County ranked 37th in median household income among 88 counties in Ohio.
- Cleveland ranked 248th in median household income among 250 cities in Ohio. Median household income of Cuyahoga County is significantly lower than the national median household income (\$49,910 vs \$61,937).
- The lower median household income is driven by the low median household income of Cleveland residents of \$29,953, which is less than half the national median household income and less than the 2020 federal poverty guidelines for a household with five people (\$30,680).

Risk factors

- Almost 1 in 3 adult residents of Cleveland are disadvantaged economically due to their lack of literacy skills.
- The overall percentage of persons with a disability is higher in Cuyahoga County (10.9%) and Cleveland (17.0%), when compared to the national average (8.6%).
- Cuyahoga County had the largest number of homeless persons among all counties in Ohio.
- At one point in time in January 2017, Cuyahoga County had 1,727 homeless persons in shelters, compared to 1,691 in Franklin County and 1,162 in Hamilton County.
- With 4,004 beds in permanent supportive housing for homeless persons, Cuyahoga County has about 25% of the total number of beds (16,770) in the state.

Victims of crime

- Residents of Cuyahoga County are twice as likely to be the victim of a crime than Ohio residents, or the country overall.
- The murder rate and nonnegligent manslaughter per 10,000 individuals (1.18) in Cuyahoga County was twice that of the national rate (.53).
- Crime rates are even more staggering in Cleveland, as the rate of violent crime (155.68) per 10,000 residents was more than four times the national rate (39.40 per 10,000).

Intimate Partner Violence

- Estimates of lifetime intimate partner violence victimization are similar in Ohio when compared to national prevalence rates, with one exception.

- Both females and males in Ohio reported a higher rate of any psychological aggression. For females, the rate in Ohio is 46.8%, compared to 36.4% nationally. Similarly, the rate for males in Ohio is 48.6%, compared to 34.2% nationally.
- Over one-third of women in Ohio (34.5%) reported experiencing physical intimate partner violence in their lifetime, higher than the national average of 30.6%.

Child Maltreatment

- The percentage of children under age six who were investigated for maltreatment gradually increased from 2000 to 2008.
- Children living in Cleveland were between two and three times more likely than children residing in the suburban areas of the County to be investigated for child maltreatment.
- Overall, 6.9% of children under age six in Cuyahoga County were involved with the Department of Children and Family Services.

Marital Status

- A smaller percent of Cleveland residents are married (24.1%), than residents of Cuyahoga County overall (39.3%). The disparity is even greater when compared to the national average of 47.8%.
- Only 15.6% of African-American residents of Cleveland are married, compared to 20.8% of African-Americans in Cuyahoga County, and 29.3% nationally.
- Cleveland has the highest percent of female head of households (19.6%), higher than Cuyahoga County overall (14.8%) and nationally (12.5%).

Unemployment

- Unemployment data are from 2018, and it is anticipated that rates will be even higher in 2020, given the impact of COVID-19 on employment. Specifically, based on Bureau of Labor Statistics, the county had a higher unemployment rate than the state overall, and it is anticipated that a similar trend will be evident.
- The unemployment rate in Cuyahoga County of 6.9% is higher than the rate in Ohio overall (4.9%) and nationally (4.9%).
- The unemployment rate in Cleveland is quite high, at 11.7%.

Education

- Educational attainment of Cuyahoga County residents is comparable to the U.S. population and the state of Ohio overall. However, there are quite large racial/ethnic differences in educational attainment among residents of Cuyahoga County.
- Both Black or African-American and Hispanic or persons of Latino origin have lower educational attainments compared to national averages. Rates were even lower when looking at Cleveland only.
- High school graduation rates are lower for persons of Hispanic or Latino origin than Blacks or African-Americans or whites.
- Nationally, 86.5% of African-Americans achieve a high school degree, compared to 85.9% in Ohio, 84.7% in Cuyahoga County, and 79.10% in Cleveland.
- 73.6% of persons of Hispanic or Latino origin in Cuyahoga County, and only 66% in Cleveland receive a high school degree. Among persons of Hispanic or Latino origin, only 69.7% achieve a high school degree nationally, 76.5% in Ohio.

Arrest and Incarceration Rates

- Other indicators of the potential need for services include high levels of arrest that were drug abuse violations and a large number of individuals who are under the supervision of the criminal justice system.
- Cuyahoga County had the highest number of commitments with a total of 7,396 inmates with 15.2% of the total incarcerated offenders of Ohio.
- Of those, 95.5% were males, and a disproportionately high percent (75.1) were African Americans.

Impact of the Opioid Epidemic

- The heroin and opioid epidemic in Cuyahoga County continues. According to a report issued by the Office of the Cuyahoga County Medical Examiner, since 2014, more people in Cuyahoga County have died from drug overdoses than from motor vehicle accidents, homicides, or suicides. The County has seen a dramatic rise in opioid mortality from 40 deaths in 2007 to 551 in 2018; overdose deaths were highest in 2016 (666) and 2017 (727). In 2019, at least 582 individuals died from an overdose of heroin and/or fentanyl, including fentanyl and cocaine mixtures. As of May 2020, there have been 238 fatalities related to fentanyl in many different drugs. May of 2020 saw the highest number of overdose fatalities in one month with at least 66 deaths including 42 cocaine related deaths, with as many as 26 of those deaths being mixed

with Fentanyl, Heroin, or both. Total overdose deaths in 2020 are estimated to be greater than 2019, based on current trends, with 628 fatalities predicted as of June 11, 2020.

- Through May of 2020, the rate of African American deaths involving fentanyl is 25.97% of all victims, which slightly less than the 27.11% in 2019, but much higher than 2016 (14.5%), the 20.33% in 2017 and 21.11% in 2018.
- In 2018, overdose deaths were occurring nearly equally in suburban (49.3%) and urban (50.6%) areas. In 2019, with fentanyl in cocaine, overdose deaths shifted more towards urban areas (63.8%) rather than suburban areas (36.2%). Through May of 2020 there are a larger percent of deaths occurring in urban areas (56.2%) rather than suburban areas (43.8%).
- Male victims continue to account for the highest number of overdoses. In 2019, 71.9% of overdose victims were male and 28.1% were female. As of May 2020, 76.5% of victims are male and 23.5% are female.

4.

Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].

- The ADAMHS Board of Cuyahoga County is a long-standing partner of the Cuyahoga County Family & Children First Council (FCFC). ADAMHS Board CEO is a member of the Executive Committee and Board staff participate on various committees and in service-coordination planning.
- The current Board and FCFC service coordination plan for serving multi-system children utilizes the Wraparound Philosophy. This approach assists families in identifying their needs and strengths to achieve goals through an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide expertise and knowledge. This is often achieved by intervening with intensity and frequency to divert a potential placement, prevent involvement in a mandated system, or to reduce the length of stay if a placement is sought.
- The goal is to resolve conflicts at the earliest level of intervention. The current process for resolving inter-system challenges is in the process of being revised to include the following: o For parent initiated dispute resolution, the parent or custodian should notify their FCFC Service Coordinator or Service Coordination Liaison, in writing that the family wishes to initiate the process. If the request is provided to a Service Coordination Liaison, the liaison shall forward the request to the FCFC Office immediately. An FCFC Service Coordinator will convene an emergency meeting within 72 hours, which includes the involved systems, the family, and the family support system to discuss the concerns. At the family's request, they may be included in

all aspects of the process. The FCFC Service Coordinator will document the findings and make a recommendation to the Executives of the involved agencies. The Executives or their System Coordination Committee designee will respond within 24 hours. The FCFC Director will send the family a written determination of the Council's findings within 36 hours.

- For system to system-initiated disputes, resolution begins with one-on-one communication between caseworkers. The case would be brought to the next level of problem solving only when line staff are unable to resolve the concern. For crisis level cases, the goal is to resolve the issue within 7 working days. If no crisis exists, resolution needs to be achieved within 30 days. Each system will be notified of this procedure during the intake process. Families will be notified, in writing, by the FCFC office that a system has initiated a system to system dispute. All Service Coordination Liaisons must be trained on this process.
- In some cases, there are situations that do not require service coordination. In those cases, parents/guardians must contact the agency in which services are rendered to address disputes. This process is in addition to, and does not replace, other rights or procedures parents/guardians may have under other sections of the Ohio Revised Code. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, shall continue to provide those services or funding during the dispute process.
- The dispute resolution sequence is as follows:
 - Worker to Worker - (if not resolved within 24 hours, engage Supervisors)
 - Supervisor to Supervisor - (if not resolved within 24 hours, engage Liaisons)
 - Liaison to Liaison - (if not resolved within 24 hours, contact FCFC to engage the System Executives)
 - Executive to Executive - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee)
 - FCFC Executive Committee - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee).
 - Role of the Mediation Committee - (if not resolved within 24 hours, file with Juvenile Court)
- Final arbitration - Juvenile Court Administrative Judge

5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.

- The ADAMHS Board of Cuyahoga County works closely with Northcoast Behavioral Healthcare to coordinate post-discharge community mental health services to ensure that services are accessed in a timely manner and are tailored to meet the recovery needs of the client.

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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Specialized Dockets - Drug, Recovery, & Mental Health/Developmental Disabilities Courts	<p>Promotion of Therapeutic jurisprudence to reduce recidivism through therapeutic and interdisciplinary approaches that address addiction and other underlying issues without jeopardizing public safety and due process.</p> <p>Maintain collaboration between the Courts and community agencies to help provide improved care.</p>	<p>Utilize providers to complete intake and assessment.</p> <p>Ensure individuals are provided with CPST, Psychiatry, Pharmacological Management, Medication Assisted Treatment, and Counseling Services when necessary and appropriate</p> <p>Monitor provider linkage of clients to entitlements, housing needs, substance use treatment, employment, or educational services, as well as collaboration with the Court and/or Probation Departments.</p>	<ul style="list-style-type: none"> • Number of referrals • Numbers served • Total number of services provided • Type of services • Total number of clients • Number of denials/refusals of services • Diagnosis • Location of services • Discharged and reasons
<p>The ADAMHS Board works in partnership with Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health & Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas.</p> <p>The respective Drug Courts adhere to science-based principals, only accepting those who are assessed as drug dependent, and utilizes a team approach, fostering collaboration of the judges, prosecutors, defense counsel, community control agencies, law enforcement, local service providers, and more. The Drug Courts provide quarterly reports regarding number of individuals served and expenditure reports. The Courts utilizes Addiction Treatment Program funds for treatment. A meeting regarding ATP funding occurs quarterly and the ADAMHS Board is represented at all major Drug Court functions. The Cuyahoga County Common Pleas Court's Recovery Court serves the same function while specializing in a docket of clients with a dual diagnosis.</p> <p>The MHDD Court goal of using evidence-based practices for identifying gaps in service, expanding resources, and enhancing communication and training to provide an effective and consistent criminal response that maintains public safety. The Courts collaborates with Recovery Resources provides monthly reports regarding MHDD clients. The ADAMHS Board Behavioral Health Specialist is in regular communication with the MHDD Court, including attending Court staffing and attending reintegration plan meetings.</p>			
Reentry Services for those in jail or prison	<p>Increase Positive Community Integration and decrease rates of returns to incarceration via technical violations and/or recidivism.</p> <p>Provide increased community treatment for persons being released.</p>	<p>Link those released from incarceration to community treatment prior to their release.</p> <p>Ensure agencies provide wrap around services to those being released from prison who have been identified as having a severe and persistent mental illness.</p> <p>Monitor services, such as pharmacological, substance abuse counseling, individual counseling, community supports, peer support, case management employment, and assistance with housing are being</p>	<ul style="list-style-type: none"> • Demographics • Diagnosis • Referral source • Criminal Justice supervision status • Entitlement status • Housing status • Jail bed days throughout the month • Hospital bed days throughout the month

		<p>provided.</p> <p>Regularly communicate with the Adult Parole Authority (APA)</p> <p>Developed a Community Linkage program to link youth and young adults leaving Ohio Department of Youth Services (ODYS) facilities with recommended mental health services upon re-entry.</p> <p>Participate in ODYS Judicial Release Committee to assist in coordinating community linkage to mental health service.</p>	
<p>The ADAMHS Board Collaborates with several agencies, including Frontline, Recovery Resources, and Murtis Taylor, to provide services to individuals being released from prison. OhioMHAS works with Frontline with coordination of community linkage packets of offenders prior to release from prison to assure continuity of care, providing them to with an appointment at Frontline or another agency. Recovery Resources operates the Parole Assertive Community Treatment Program (PACT) and Murtis Taylor manages the Mental Health Prison Outreach (CARES) Program. Each of these programs submit reports monthly to the Board and maintain regular communication with the Behavioral Health Specialist.</p> <p>Frontline has expanded their services to include community linkage for youth and young adults being released from ODYS and facilitates a “warm handoff” through linkage and service coordination during the intake process for mental health or SUD services to serval community agencies, including Catholic Charities TASC and ODYS Aftercare, Ohio Guidestones Transitional Age Community Treatment (TACT) Recovery Resources and Murtis Taylor.</p>			
Services for Incarcerated Clients	To provide incarcerated individuals in local jails with mental health and substance abuse services while confined and/or reintegration planning to promote a successful transition into the community.	<p>Track success of jail liaisons in performing intake assessments and providing advocacy for the client in Court proceedings, as well as appropriate linkage to mental health services and community resources upon release if applicable.</p> <p>Funding a joint Jail Liaison Supervisor with the Court of Common Pleas that is housed at the Court and provides guidance to the jail liaisons and communication with the ADAMHS Board and judges.</p> <p>Partnering with Metro Health to increase Medication Assisted Treatment as an option for incarcerated individuals with an OUD diagnosis.</p>	<ul style="list-style-type: none">• Number of clients incarcerated• Referrals• Face to face contacts• Collateral contacts made• Number of Reintegration plans written• Number of clients released during the month
<p>The ADAMHS Board collaborates on several programs providing services to those incarcerated. Several agencies perform pre-release screenings, coordinate release of offenders and linkage to the needed community resources, schedule outpatient appointments, and work collaboratively with the Cuyahoga Court of Common Pleas. These agencies provide reports and reintegration plans to jail and court staff on behalf of the offender. ADAMHS Board staff meet with the agencies jail liaisons, as well as jail administration, monthly to discuss barriers and ways to improve services and bi-weekly to discuss specific clients.</p>			

<p>Additionally, Metro Health is embedded in the Cuyahoga County Jail to provide medical care, as well as Medication Assisted Treatment for Substance Use Disorders. The program supports access to <u>all FDA approved forms of MAT</u> by offering behavioral health services, lab work and the medication in the medical unit of the Jail. The goal of the program is to increase access to MAT to inmates meeting DSM 5 criteria for an OUD, but do not meet criteria for drug court participation and/or are not eligible for the existing related programs, initiate addiction treatment during incarceration, reduce unmet treatment need, reduce incarceration time, and increase defendant participation in alternative to incarceration programs.</p> <p>Treatment Alternatives to Street Crime (TASC) operated a Women’s Reentry Program created to provide diagnostic assessments and treatment to women diagnosed with a Substance Use Disorder and incarcerated.</p>			
<p>Increasing Mental Health and Substance Abuse services to areas lacking service</p>	<p>To collaborate with a provider located in an area with limited available to resources.</p>	<p>Collaborated with Friendly Inn Settlement to expand their services, located in the Central/Fairfax area of Cleveland.</p> <p>Assist Friendly Inn in the implementation of Individual and Group Counseling, Assessments, Community Psychiatric Supportive Treatment (CPST), Therapeutic Behavioral Services, Psychosocial Rehabilitation, Consultation, and Referrals.</p>	<ul style="list-style-type: none"> • Number of referrals or requests for Behavioral Health services. • Number of Assessments. • Number of clients admitted for each service provided. • Number of clients discharged successfully completing services. • Number of clients discharged who did not complete services or terminated by agency.
<p>The ADAMHS Board connected with Friendly Inn Settlement, a provider of early childhood, after-school, and mother and expectant mother services for 145 years in an underserved area of Cleveland. At the request of the community, the Friendly Inn expanded their services to include an array of mental health and substance abuse services. An ADAMHS Board Behavioral Health Specialist will have monthly contact with Friendly Inn and quarterly data regarding referrals, services, successes, and discharges will be provided</p>			
<p>Increase availability of Mental Health Services to 24/7</p>	<p>To streamlining access to care and linkage of clients to appropriate levels of care, including assessing the clients for immediate harm or crisis, and link clients to the appropriate provider for care needed.</p>	<p>Partnered with Signature Health to develop a phone line with 24/7 coverage.</p> <p>Ensure that the provider agency staff have knowledge of community resources and are referring those in crisis to a Hospital, Mobile Crisis Team, or Police.</p> <p>Maintain 24/7 coverage of Frontline’s Children’s Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</p> <p>Maintain Applewood’s Project CALM to provide 24/7 coverage for police responding to youth perpetrating domestic violence to link to mental health services.</p> <p>Maintain Applewood’s 24/7 on call coverage to</p>	<ul style="list-style-type: none"> • Total number of each type of communication method used. • Total number of clients served • Age range and ethnicity of clients served • Number of successful linkages performed to each type of service. • Total number of referrals performed to each type of service. • Total number of clients with and without a payer source • Total number of clients in a crisis and referral source.

		respond to crises for youth in the Detention Center	<ul style="list-style-type: none"> • Total number with types of barriers .
<p>The ADAMHS Board partnered with Signature Health to provide 24-hour/7-day access to MH and SUD treatment services by streamlining access to care and linkage of clients to appropriate levels of care, including assessing the clients for immediate harm or crisis and link clients to the appropriate provider for care needed. The program will provide quarterly data on engagements of the phone line, linkages, referrals, and barriers experienced.</p> <p>The ADAMHS Board partnered with Applewood, Juvenile Court and local police departments to develop Project CALM as part of the Behavioral Health Juvenile Justice (BHJJ) continuum of early intervention and diversion services for youth offenders with mental health needs to divert away from system involvement. This program provides 24/7 coverage to respond to police calls involving youth perpetrating domestic violence, assess for mental health needs and link mental health services. Quarterly reports are provided on percentage of youth successfully diverted, avoided re-offending, and improved scores on the Crisis Assessment Tool (CANS).</p>			
Increase early detection and treatment to those diagnosed with Schizophrenia	To mitigate lifelong consequences of schizophrenia and enhance recovery of patients and their families	<p>Partnered with Catholic Charities to operate the FIRST Program, a comprehensive treatment program.</p> <p>Assist the program in linking with hospitals and other avenues of detection for those suffering their first episodes of schizophrenia.</p>	<ul style="list-style-type: none"> • Number of referred/screened • Referral source • Number of clients enrolled and discharged • Number of new clients • Number of client's ineligible/declined • Number of clients who received each type of service (CPST, Counseling, etc.) • Number of clients attending school and employed • Number of clients with entitlements.
<p>The ADAMHS Board has partnered with Catholic Charities to operate a Cuyahoga County FIRST Program, a comprehensive treatment program created by the BEST Practices in Schizophrenia Treatment Center at NEOMED. With the goal of identifying those suffering from schizophrenia at early onset, aggressive treatment in a comprehensive manner may prevent the lifelong consequences of this serious mental illness and to enhance the recovery of patients and their families. Once identified, the program provides Psychiatry, counseling, community psychiatric support treatment specialists, employment assistance, and family education. Monthly data concerning referrals, enrollments, discharges, services, and rates of school attendance, employment, or linkage to entitlements is provided monthly.</p>			
Increase financial security to those receive Social Security	Maintain collaboration with Murtis Taylor to operate a Payee Service to manage the finances of those suffering with a Severe Mental Illness.	<p>Collaborate with Murtis Taylor, the Social Security Administration, and physicians to identify and refer clients who are unable to adequately manage their funds.</p> <p>Ensure contracted agency is assisting with client's financial education, budgeting, paying bills, making</p>	<ul style="list-style-type: none"> • Number clients enrolled • Referral source • Number of clients on waitlist • Number and percentage of clients who were terminated and the reason for termination

		<p>purchases, saving, maintaining entitlement eligibility.</p> <p>Certify that the contracted agency has appropriate staff to operate this programming.</p>	<ul style="list-style-type: none"> • Number and percentage of timeliness of disbursements • Number and percentage of clients concerns addressed in a timely manner and to the client's satisfaction. • Number and percentage of clients receiving financial skills development and instruction.
<p>The ADAMHS Board utilizes Murtis Taylor to operate a Payee Service for those unable to manage their finances while suffering from a Severe Mental Illness and receiving Social Security benefits. This programming provides the client with the ability to meet their daily living needs and provide a stable environment. The program provides clients with financial education, budgeting, paying bills, making purchases, saving, maintaining entitlement eligibility. Data regarding referrals, enrollments, financial disbursements, client concerns and resolutions, and financial skill development are provided quarterly.</p>			
<p>High Quality Housing for Recovery Housing for adults and adolescents recovering from addiction.</p>	<p>That existing Recovery Housing Provider Network meet the National Alliance for Recovery Residences (NARR) standards.</p> <p>That existing Recovery Housing Providers meet state quality housing standards</p>	<p>Continued implementation of the Peer Seal of Quality Housing Program to help make informed decisions on contracting.</p> <p>Continued training and partnership for providers with Ohio Recovery Housing and OhioMHAS</p> <p>Continued partnership through ongoing meetings regular contact with Recovery Housing providers</p>	<ul style="list-style-type: none"> • Increased number Recovery Housing providers obtaining High Quality Housing for client in recovery from addictions • Increased client access to Quality housing
<p>Inpatient and Ambulatory Detoxification Services</p>	<p>To make all ASAM levels of withdrawal management available to fit the needs of the client.</p> <p>Increase the number of clients served</p>	<p>Identify agency to provide ambulatory withdrawal management.</p> <p>Continue partnership with Withdrawal management providers regular contact and meetings with providers.</p>	<ul style="list-style-type: none"> • Number of clients served and completed program. • Number of clients admitted to program.
<p>24 Hours/Seven Days per Week Access for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.</p>	<p>Identify and increase the availability of mental health and addiction treatment services 24Hours/Seven Days per Week.</p> <p>Increase availability to levels of care for Mental health and addiction treatment services</p>	<p>Implementation of an intake program that is available for clients to access for mental health and/or addiction treatment 24 hours a day and 7days per week</p> <p>Maintain 24/7 coverage of Frontline's Children's Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</p> <p>Maintain Applewood's Project CALM to provide 24/7</p>	<ul style="list-style-type: none"> • Number of providers that offer 24 Hours/Seven Days per Week Access. • Number of calls • Disposition of calls • Number and location of assessments • Number and disposition of linkage referrals to services.

		<p>coverage for police responding to youth perpetrating domestic violence to link to mental health services.</p> <p>Maintain Applewood's 24/7 on call coverage to respond to crises for youth in the Detention Center</p> <p>Maintain Providence House Children's Shelter Program which provides 24/7 care for children in their crisis nursery while their parent or caregiver is in inpatient mental health and/or substance abuse treatment.</p>	<ul style="list-style-type: none"> Improved scores on Crisis Assessment Tool (CAT)
<p>High Quality Housing including Residential Facilities (Class I & II) for adults with mental illness.</p>	<p>Residential Facilities (Class I & II) that meet State and National Residential Care and Assisted Living Regulations and Policies.</p> <p>Identify quality group housing for people living with mental illness.</p> <p>Improve quality of life for those residing at ADAMHS Board contracted Class II Residential Care Facilities through utilization of board approved mini-grant funds, to assist contracted operators with cost of minor repairs, appliances and/or client needs such as beds and bedding</p>	<p>Compliance with standards.</p> <p>Continued implementation of the Peer Seal of Quality Housing Program to help make informed decisions on contracting.</p> <p>Utilizing community partnerships (Eden) to complete mini-grant process and improve quality of life for residents living in contracted Class II Residential Facilities.</p> <p>Continuing open line of communication between Residential Facilities (Class I & II) operators/managers and ADAMHS Board through quarterly ACF meetings and frequent check-ins.</p>	<ul style="list-style-type: none"> Number of quality housing for adults living with mental health and/or in recovery.
<p>Expanded Crisis Services for both children and adults.</p>	<p>Identify and increase the availability of mental health crisis services.</p>	<p>Maintain current crisis stabilization beds and mobile crisis teams and expanded crisis hotline staff.</p> <p>Expanded Applewood's crisis stabilization program to 4 beds.</p> <p>Maintained Bellefaire's crisis stabilization program at 3 beds.</p> <p>Contacted with Ohio Guidestones for 4 residential beds with 0-90-day length of stays for youth needing longer stays for stabilization.</p>	<ul style="list-style-type: none"> Number of children served Improved scores on Crisis Assessment Tool (CANS) Increase the of callers to be served

		<p>Maintain 24/7 coverage of Frontline’s Children’s Crisis Response Team (CRT) which includes hotline support, crisis assessment (home, community, office and or Telehealth), linkage and service coordination.</p> <p>Maintain Applewood’s Project CALM to provide 24/7 coverage for police responding to youth perpetrating domestic violence to link to mental health services.</p> <p>Maintain Applewood’s 24/7 on call coverage to respond to crises for youth in the Detention Center</p> <p>Maintain Providence House Children’s Shelter Program which provides 24/7 care for children in their crisis nursery while their parent or caregiver is in inpatient mental health and/or substance abuse treatment.</p> <p>Continue Positive Education Program’s High-Fidelity Case Management services for youth with significant mental health needs at risk for out of home placement.</p> <p>Community Based Outreach and Education (CBOE) program supports youth with co-occurring mental health and developmental disabilities with the transition home from Bellefaire’s crisis stabilization unit to prevent future out of home placements. (formerly Mobile Youth Crisis Autism).</p>	
24 Hours/Seven Days per Week Access for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.	Identify and increase the availability of mental health and addiction treatment services 24Hours/Seven Days per Week.	Maintain programs with 24/7 coverage like mobile crisis, CALM and MH in Detention Center	
Prevention and early intervention programs and campaigns for mental health and addiction across the lifespan for children, adolescents, adults, and older adults, using both traditional and innovative approaches in the community such as Faith-Based programming.	<p>Raise awareness of behavioral health issues and available services.</p> <p>Decrease stigma associated with seeking assistance form behavioral health issues.</p>	<p>Create messages.</p> <p>Identify resources.</p> <p>Implement campaigns</p>	

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- Development of a County-wide Diversion Center: The ADAMHS Board of Cuyahoga County submitted a response in June 2020 to an RFP that was released by Cuyahoga County for the development of a county-wide pre-arrest Diversion Center. The Board submitted on behalf of a collaborative group that contains MetroHealth, Recovery Resources, Stella Maris, FrontLine, St. Vincent's and United Way. There was a great deal of collaboration on this effort which resulted in the ADAMHS Board serving as the lead agency to carry out the programmatic, contracting, and fiscal management of the Diversion Center. When the proposal is accepted collaboration with community partners and all police departments in Cuyahoga County will be needed to make the Diversion Center a success.
 - Opioid Settlement Funding Collaborative Efforts: Partnering with the County Executive, County Council and service providers to implement programs identified in the first-round of opioid settlement dollars to help ease the opioid crisis in Cuyahoga County. The programs added 32 New Residential Treatment Beds - 16 for men and 16 for women; expanded PHP and IOP; enhanced assessment and intake and increased peer support in hospital emergency departments.
 - Racism as a Public Health Crisis: Work collaboratively with community partners to begin the elimination of systemic racism in the deliverance of mental health and/or substance use treatment and recovery services, as well as educate law enforcement on the treatment of individuals living with mental illness and/or substance use issues to eliminate systemic racism.
 - Five-year Strategic Plan: The ADAMHS Board of Cuyahoga County is launching its Strategic Planning process in July 2020 to develop our 2021-2025 Strategic Plan. This process will include collaboration with clients, families, providers, community partners and all stakeholders. The plan will be completed in November 2020 for implementation starting January 2021.
 - Workforce Development: The ADAMHS Board of Cuyahoga County will work in partnership with children and adult provider agencies, schools, local foundations and consultants to finalize a strategic plan to address the workforce shortage in Cuyahoga County's behavioral health workforce.

- City of Cleveland Settlement Agreement: The ADAMHS Board of Cuyahoga County continues to be a major partner in helping the City of Cleveland implement a Settlement Agreement between the City of Cleveland and the U.S. Department of Justice (DOJ), was developed to address concerns about the Cleveland Division of Police (CDP) use-of-force policies and practices, and was signed on June 12, 2015. The Agreement contains a mental health component that required the development of a Mental Health Response Advisory Committee (MHRAC) by the City and the CDP no later than December 9, 2015. The City of Cleveland selected the ADAMHS Board of Cuyahoga County to establish the MHRAC and assist with the Police Crisis Intervention Program. A Memorandum of Understanding (MOU) between the City of Cleveland Department of Public Safety, the Chief of Police and the ADAMHS Board of Cuyahoga County was developed and signed on September 10, 2015– well before the deadline in the Decree. Scott S. Osiecki, Chief Executive Officer of the ADAMHS Board of Cuyahoga County, serves as a Tri-Chair. All meetings of the MHRAC and its committees are open to the public.
- Police Peer Support: The Cleveland Division of Police asked the ADAMHS Board of Cuyahoga County to partner in developing a police peer support program. This program would be available not only to the Cleveland police but county wide. This initiative continues to be in the planning phase and is contingent upon the department receiving a grant. The plan would include police officers providing support to their peers. ADAMHS Board of Cuyahoga County staff would provide consultation and training regarding behavioral health issues and serve as the main contact for officers requiring support.
- BHJJ – collaboration between Juvenile Court, multiple MH providers, ADAMHS Board, FCFC
- Intervention Center/CALM collaboration between CCJC, MH providers, police and ADAMHS Board;
- MH in Detention Center- CCJC, Applewood and ADAMHS; improved collaborative partnerships; client/child centered approach to assist with safety planning and inter-organization communication and coordination to collaboratively develop protocols and documentation to meet need within Detention Center through COVID-19
- Cleveland/Cuyahoga Office of Homeless Services (OHS): Ongoing collaboration with OHS/OHS partners and participation in OHS Advisory Board Meetings to meet the needs of homeless individuals (including those with MH and SUD diagnoses) in the community and link to appropriate services/housing.
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- **Family and Children First Council:** The ADAMHS Board of Cuyahoga County is an active member of the FCFC's Service Coordination Team to act as a system liaison to guide community partners and stakeholders through the comprehensive continuum of services and resources available for youth and families within Cuyahoga County to prevent out of home placements. ADAMHS Board works closely with other system liaisons (especially DCFS, Juvenile Court and CCBDD) to coordinate and monitor care of youth receiving shared cost residential treatment which is facilitated by FCFC service coordinators.
- **Children's Crisis Services System** community partners meet quarterly to collaborate on system barriers and improve referral and system flow for youth experiencing a mental health crisis in Cuyahoga County. Partners include Cuyahoga County Board of Developmental Disabilities (CCBDD), Cuyahoga County Juvenile Court (CCJC), Department of Children Family Services (DCFS), Applewood, Bellefaire, Ohio Guidestone, Frontline, Family and Children First Council (FCFC).
- **Trauma Collaborative:** ADAMHS Board partners with the Defending Childhood Initiative to facilitate quarterly meetings for agencies and community partners who serve children and families with a history of trauma. Community partners and agencies present information on treatment services, resources and interventions to help children and families heal from experiences of trauma, encourage resiliency, increase knowledge of and promote trauma informed care.
- **Behavioral Health Juvenile Justice:** The ADAMHS Board of Cuyahoga County works in collaboration with Cuyahoga County Juvenile Court (CCJC), Applewood, Bellefaire, Ohio Department of Youth Services (ODYS), Case Western Reserve University (CWRU), Ohio Department of Mental Health Services (OhioMHAS), local police departments and Family and Children First Council (FCFC) with developing, implementing and assessing a continuum of early intervention and diversion services to connect youth with mental health or behavioral health needs to treatment services. The BHJJ service continuum includes Project CALM, Intervention Center, two intensive home-based treatment modalities: Integrated Co-occurring Treatment (ICT) through Bellefaire and Multisystemic Therapy (MST). BHJJ community partners meet quarterly to collaboratively develop services and address any barriers that arise to service provision.
- **Northeast Ohio Collaborative Withdrawal Management and Crisis Bed expansion** is a partnership of 5 neighboring County boards (Lake Lorain, Summit, Geauga and Cuyahoga) to address the shortage of beds for Withdrawal Management for Opiate Use Disorder and Substance Use Disorder and Mental Health Crisis Services in the region. With the use of the Collaborative funding clients are able to access withdrawal Management and crisis bed in the 5

neighboring counties. The ADAMHS Board of Cuyahoga County serves as the fiscal agent for this project.

- **HEALing Communities Study** - The Cuyahoga County ADAMHS Board is in collaboration with the HEALing Communities Study. The study involves 19 counties across Ohio and the state's Recovery Ohio initiative. The HEALing Communities Study will determine how best to address the opioid epidemic through prevention, treatment, and recovery. To assess the effectiveness of different interventions, the study will compare results between communities. NIH and the Substance Abuse and Mental Health Services Administration launched the HEALing Communities Study to investigate how tools for preventing and treating opioid misuse and OUD are most effective at the local level. This multi-site implementation research study will test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings. The goal of the study is to reduce opioid-related overdose deaths by 40 percent over the course of three years. Research sites are partnering with 67 communities highly affected by the opioid crisis in four states to measure the impact of these efforts. The study will also look at the effectiveness of coordinated systems of care designed to increase the number of individuals receiving medication to treat OUD, increase the distribution of naloxone, and reduce high-risk opioid prescribing.
- **Stepping Up Initiative** - *The Cuyahoga County ADAMHS Board is In Collaboration with the Stepping Up Initiative.* Stepping Up is a national initiative targeted at reducing the number of people with mental illnesses, including those with co-occurring substance abuse disorders, in jails. This initiative engages a diverse group of criminal justice and behavioral health agencies. An initial meeting of stakeholders in Cuyahoga County took place during the summer of 2016 with retired Ohio Supreme Court Justice Evelyn Stratton, the project director of *Stepping Up Ohio*. Cuyahoga County Court of Common Pleas, Cuyahoga County Executive Office, and the ADAMHS Board have been committed to this effort since its inception. The first goal of this initiative was to conduct an updated Sequential Intercept mapping. This cross-systems approach is designed to strengthen local strategies and help implement core services that will address behavioral health, criminogenic, and social factors for justice-involved persons with mental illness. The goals are to aid communities in developing effective systems of care that bridge the criminal justice and mental health services and minimize the criminal justice involvement for persons with mental illness.
- **SOR Grants** - The ADAMHS Board collaborates with OhioMHAS to administer the State Opioid-Response (SOR) grants with several of our providers. Most recently the board has applied for and been awarded the SOR High Risks Families, the SOR Minorities, and the SOR Training grant. All of the grants in the SOR family of grants aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD)

(including prescription opioids, heroin and illicit fentanyl and fentanyl analogs All of our SOR providers deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD; and reducing opioid-related overdose deaths. Providers included in our SOR Minorities grant include, Hispanic UMADAOP, Cleveland UMADOAP, Signature Health, Inc., Cleveland Treatment Center and Hitchcock House for Women. Providers included in the SOR High Risk Families are Department of Children and Family Services (CCDCFS), Catholic Charities, Hitchcock Center for Women, Mommy & Me, Too and Signature Health, Inc. SOR Trainings are designed for our current SOR grant providers to address sustainability, planning and offer technical assistance.

- **Opioid Task Force and Overdose Fatality Review** -The Cuyahoga County ADAMHS Board collaborates with the Cuyahoga County Medical Examiner's Office to review fatal opioid overdose deaths and to look for gaps in the system, discover what interventions were made and/or what interventions were missed. The team reviews and brainstorms through a multitude of professionals and disciplines in the county. Due to the rapid and alarming increase in drug overdose deaths, community partners realized the need to establish a county-wide task force to address these issues. The Task Force is comprised of dedicated professionals from areas such as drug treatment/recovery, education, health care, law enforcement, medicine, prevention specialists, mental health services, concerned citizens, and public health. The Cuyahoga County ADAMHS Board also collaborates on this task force. Recognizing that addiction is a disease, the members strive to increase awareness to the dangers associated with the misuse of opiates as well as to implement strategies and policies that will have a positive impact this epidemic.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
 - a. How will the Board coordinate the transition from the hospital to the community? (i.e., discharge planning)
- Allocation of staff by the ADAMHS Board of Cuyahoga County to provide consultation to the State Hospital, Private Hospitals and Community Providers including Crisis System.
 - ADAMHS Board of Cuyahoga County staff meet via phone at least weekly with the Clinical Director at NBH. Plans are in place to review and enhance this service as the goal is to assist with discharge planning, system issues and as a liaison to the community Providers. ADAMHS Board staff assists with addressing barriers, resources, and linkage to the appropriate LOC. This may involve both the public and private systems.
 - The ADAMHS Board of Cuyahoga County funds a 15 bed Crisis Stabilization Unit (CSU) for residents with mental illness and/or dual diagnosis that is operated by Frontline. In 2018 the Board applied for and received a SAMSHA Grant to utilize two of the CSU beds as diversion beds for the Cleveland Division of Police.
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- The ADAMHS Board of Cuyahoga County hosts an ongoing collaborative Psychiatric Emergency Service Providers (PESP) meeting that includes representatives from Board of DD, all the hospital system in Cuyahoga, City of Cleveland Police, and Behavioral Health Providers. This meeting includes clinical and non-clinical staff from the Public and Private systems including, all hospital systems, Managed Care Organizations, DD Board and local service Providers.
- The goal of the group is to collaborate on system issues, share information, identify gaps in services and develop solutions.
- Advocate and remove barriers regarding clients who are using crisis services.
- The ADAMHS Board of Cuyahoga County hosts an ongoing collaborative Crisis Provider meeting to discuss, problem solve, advocate and remove barriers regarding clients who are using crisis services. This meeting includes clinical and non-clinical staff from the Public and Private systems including, all hospital systems, Managed Care Organizations, DD Board and local service Providers
 - The ADAMHS Board of Cuyahoga County also hosts and participates in a crisis subcommittee where recidivism and high utilization of crisis services by individuals are addressed and a crisis plan of care is developed as an adjunct in, assisting hospital emergency rooms and crisis agencies in providing consistent care to the client who presents with a crisis emergency.
 - Who will be responsible for this?
 - Frontline Adult Mobile Crisis Team will continue to provide Crisis Assessment services and recommendations for hospitalizations as warranted; Adult Mobile Crisis Team will also utilize the Crisis Stabilization Unit to assist those who may not require hospitalization but are in need of a safe environment to address their acute crisis needs
 - Behavioral Healthcare Providers will also collaborate and receive referrals and link and or provide appropriate services

Discuss any planned changes in current utilization that is expected or foreseen.

- Bellefaire JCB opening private children's psychiatric hospital opening soon
- Contracted with Ohio Guidestones for 4 residential beds with length of stay of up 90 days in addition to 5 crisis stabilization beds with length of stay up to 30 days; creating a continuum of care for youth experiencing a mental health crisis
- COVID-19 impacted the number of referrals sources for many programs and impacted utilization of services.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Priorities for ADAMHS Board of Cuyahoga County

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	<ul style="list-style-type: none"> Reduce the impact of HIV/AIDS in our community among intravenous drug users. Promote sound public health and fiscal policies for HIV/AIDS programming. Promote syringe access and post exposure prophylaxis (PEP). Provide professional trainings for front-line providers and community outreach. 	<ul style="list-style-type: none"> Continue to provide funding to the AIDS Funding Collaborative (AFC). One ADAMHS Board staff and one ADAMHS Board member are members of the AFC. 	<ul style="list-style-type: none"> Amount of local and national funds to fill gaps in the community and build capacity among front line providers to engage in HIV prevention, and care of people living with HIV. Increased capacity to impact systems level change to improve prevention and care in the County. Ability of local providers to adapt new biomedical prevention modalities and carry out prevention activities with population most at risk. Types and numbers of prevention/risk reduction interventions and other services which vary with each grant cycle. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	<ul style="list-style-type: none"> Continue treatment services for pregnant women with a substance abuse disorder. Provide sober housing for pregnant women living in recovery 	<ul style="list-style-type: none"> Continue system awareness of treatment resources of pregnant women. 	<ul style="list-style-type: none"> Number of pregnant women accessing treatment services. Number of pregnant women living in sober housing. Decreased number of babies born addicted. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<ul style="list-style-type: none">• Maintain current service mechanism to identify children in need of intensive services and supports due to parents’ SUD and potential risk of parental neglect/abuse.• Increase collaboration with DCFS to develop strategies to divert mandated system involvement	<ul style="list-style-type: none">• Maintain collaboration through FCFC’s Service Coordination to better identify children/adolescents at-risk and in need of intensive planning & support as an additional effort to divert mandated system involvement.• Maintain contractual agreement with DCFS to support kinship and treatment foster homes to support potential reunification, re: parental neglect/abuse.• Continue contractual partnership with DCFS to support Ohio START programming to identify and connect parents and families impacted by opiate and other substance use disorders to treatment.• Continue funding Providence House for crisis nursery and shelter for young children while parents are receiving inpatient SUD treatment.• Educate Community Behavioral Health agencies, re: alternative strategies, modalities for cross-system planning for children whose parents require SUD treatment to prevent abuse/neglect.	<ul style="list-style-type: none">• Meeting Attendance through Service Coordination.• Number of children specifically in need of planning and support due to parental substance abuse to divert DCFS involvement.• Monthly program process monitoring to determine effectiveness and efficiencies cross-systems.• Meeting Attendance with System Partners.	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
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<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<ul style="list-style-type: none"> • Reduce the impact of HIV/AIDS in our community among intravenous drug users. • Promote sound public health and fiscal policies for HIV/AIDS programming. • Promote syringe access and post exposure prophylaxis (PEP). • Provide professional trainings for front-line providers and community outreach. 	<ul style="list-style-type: none"> • Continue to provide funding to the AIDS Funding Collaborative (AFC). • One ADAMHS Board staff and one ADAMHS Board member are members of the AFC. 	<ul style="list-style-type: none"> • Amount of local and national funds to fill gaps in the community and build capacity among front line providers to engage in HIV prevention, and care of people living with HIV. • Increased capacity to impact systems level change to improve prevention and care in the County. • Ability of local providers to adapt new biomedical prevention modalities and carry out prevention activities with population most at risk. • Types and numbers of prevention/risk reduction interventions and other services which vary with each grant cycle. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ul style="list-style-type: none"> • Maintain access points re: FCFC's current Service Coordination Mechanism to identify children and adolescents with SED at risk for multiple hospitalizations, mandated & deeper system involvement, and out-of-home placements. • Maintain children/adolescents in community settings. 	<ul style="list-style-type: none"> • Increase community awareness of cross-system planning efforts to maintain children in the community. • Improve responsiveness to the systemic infrastructure specific to children with regard to least restrictive alternatives. • Enhance coordination of services relative to crisis services for children to provide immediate engagement for 	<ul style="list-style-type: none"> • Bi-monthly SCT meetings across all levels of FCFC. • Number of youths with SED & outcomes related to: • 1. Collateral system involvement. • 2. Number of out-of-home placements. • 3. Rated mental health progress. 4. Assessed clinical change. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>children/adolescents at risk for out-of-home placement.</p> <ul style="list-style-type: none"> Create seamless diversion and linkage to help youth in crisis access to the crisis stabilization bed and crisis services to prevent hospitalization. 	<ul style="list-style-type: none"> Number of youths with SED utilizing the crisis stabilization beds in need of mental health stabilization and determine outcomes related to: Rated mental health progress and assessed clinical change pre-post admission. 	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ul style="list-style-type: none"> Access for clients identified as discharge ready from state psychiatric hospital to less restrictive community setting. Ensure support linkage for continued outpatient psychiatric care for clients upon discharge from state psychiatric hospital. 	<ul style="list-style-type: none"> Ensure a Forensic Monitor acts as a liaison between the Client and the Courts, providing treatment recommendations, linkage to services, and assistance with any future hospitalizations Monitor completion of Community Risk Assessment Reports for persons found Not Guilty by Reason of Insanity and on Conditional Release. 	<ul style="list-style-type: none"> Number of clients accessing residential care beds. Decreased state psychiatric hospital bed days. 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	<ul style="list-style-type: none"> Enhance the system of care, re: homeless population to create access for transitional youth in need of shelter. Maintain current service continuum for the homeless population, including PATH and housing through the Safe Haven program with intensive services geared to support homeless individuals with severe and persistent mental illness who are not able to live in Housing First 	<ul style="list-style-type: none"> Maintain collaboration with the Cuyahoga County/City of Cleveland Office of Homeless Services (OHS) Continued participation in OHS Advisory Board and Notice of Funding Availability (NOFA) Review Committee for strategic planning and system advisement. Continue collaborative efforts with FrontLine Services and Coordinated Intake 	<ul style="list-style-type: none"> Meeting Attendance. Number of clients accessing ADAMHS Board funded services. Number of homeless clients who have obtained housing (permanent/temporary/ and rental assistance). 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

	<p>facilities because of the severity of illness.</p> <ul style="list-style-type: none"> Progress in collaboration with Stepping Up – which aims to bring together a diverse group of organizations, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illnesses and their families, mental health and substance use program directors, and other stakeholders. 	<ul style="list-style-type: none"> Maintain collaboration with the Office of Homeless Services; A Place 4 Me, and other key stakeholders to expand central intake specific to transitional youth. Maintain membership on the Ohio Healthy Transition Plan (OHTP) Planning Committee to create seamless transition from the children’s behavioral health system to the adult system to prevent homelessness including objective of developing a drop-in center for transitional aged youth. 		
Withdrawal Management and Crisis Bed Expansion	<ul style="list-style-type: none"> Address regional shortage of Mental health Crisis beds Address regional shortage of Withdrawal Management Services 	<ul style="list-style-type: none"> Continue Northeast Ohio Collaborative with Summit, Lake, Lorain, Geauga counties to have regional access to Withdrawal management and Mental Health Crisis Bed for their clients Clients with Opiate use disorder will continue to have expanded access to Withdrawal management services Clients in a Mental health crisis will continue to have expanded access to Crisis beds Continue to access Frontline for service coordination 	<ul style="list-style-type: none"> Increased number of clients receiving withdrawal management services. Increase number of clients receiving crisis services 	

MH-Treatment: Older Adults	<ul style="list-style-type: none">• Remain as co-chair along with the Benjamin Rose Institute on Aging for the The Hoarding Connection of Cuyahoga county.• Continue involvement in The Hoarding Connection led by Eldercare Services of Benjamin Rose.• Maintain current service continuum for the older adult population.	<ul style="list-style-type: none">• Continue collaboration with County Office of Senior & Adult Services/City of Cleveland Department of Aging for strategic planning, and system advisement.• Continue to support The Hoarding Connection Annual Conference.• Continue Hoarding treatment Support group Buried to Treasures.• Continue have monthly meetings with members of the Hoarding connection, from Adult Protective Services, Housing Court, building Inspector from a few municipalities, consumers, and treatment providers.• The Hoarding Connection will continue to do presentations to educate the community on Hoarding disorder.	<ul style="list-style-type: none">• To continue to educate and bring community awareness about Hoarding.• Continue to offer treatment/supportive service to clients who hoard.	<ul style="list-style-type: none">___ No assessed local need___ Lack of funds___ Workforce shortage___ Other (describe)
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Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting

MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts.	<ul style="list-style-type: none">• Decrease the amount of time for in individual living with a mental illness and/or substance use issue it takes to receive an assessment and release to treatment.• Divert an individual living with mental illness and/or a substance use issue from incarceration to treatment.• Maintain collaboration with juvenile justice system to enhance services and supports relative to behavioral health.• Increase access to behavioral health services to divert youth from the juvenile justice system.• Enhance the system of care, re: homeless population to create access for transitional youth in need of shelter.• Continue Collaborate with the Corrections Planning Board and Treatment Alternatives to Street Crime (TASC) to provide a Specialized Drug Court docket, SUD services for those incarcerated, as well as linkage to outpatient services upon release.	<ul style="list-style-type: none">• Oversee the development and operation of a county-wide Diversion Center if proposal is selected and funded by Cuyahoga County.• CEO to maintain Co-chair position on Cuyahoga County’s Stepping-up Initiative.• Continued SAMHSA Diversion Grant funding to utilize two beds from the Crisis Stabilization Unit to serve as diversion bed for police to drop-off nonviolent clients as a diversion to being arrested.• Additional funding to supplement the DOJ grant received by the City of Cleveland for the Cleveland Division of Police Co-Responder Teams.• Continue funding for Jail Liaison Program and shared funding for Jail Liaison Supervisor with Court of Common Pleas.• Maintain contractual agreements and collaborative partnerships with Cuyahoga County Juvenile Court to continue and develop behavioral health identification, intervention, linkage and diversion programs and strategies for youth in need of behavioral health services to	<ul style="list-style-type: none">• Number of referrals• Numbers served• Total number of services provided• Type of services• Total number of clients• Number of denials/refusals of services• Diagnosis• Location of services• Discharged and reasons	<ul style="list-style-type: none">___ No assessed local need___ Lack of funds___ Workforce shortage___ Other (describe)
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		<p>prevent deeper system involvement.</p> <ul style="list-style-type: none"> • Maintain collaboration with the Office of Homeless Services; A Place 4 Me, and other key stakeholders to expand central intake specific to transitional youth. • Maintain membership on the Ohio Healthy Transition Plan (OHTP) Planning Committee to create seamless transition from the children's behavioral health system to the adult system to prevent homelessness including objective of developing a drop-in center for transitional aged youth. 		
Integration of behavioral health and primary care services	<ul style="list-style-type: none"> • Enhance the current service continuum to support and integrate primary physical healthcare. • Partnered with The Centers to provide a variety of other services, including in-home and office-based follow-up care regarding chronic disease management including but not limited to, medication compliance, and prescriber consultation. 	<ul style="list-style-type: none"> • Continue to fund programs in provider and peer-support agencies that promote physical health. • Rapid Access staff shall ensure that all patients are linked to other medical services, including primary care, dental care, and substance use disorder services as needed. 	<ul style="list-style-type: none"> • Number of clients participating in programs. • Number of clients referred • Number of assessments completed • Number of clients linked with psychiatry and/or pharmacy services • Average days from hospital discharge to the first scheduled psychiatry/pharmacy visit • Number of clients referred to Primary Care; Dental Services; Substance Use Disorder Services 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ul style="list-style-type: none"> • Continue the development of recovery support services to meet the needs of residents of Cuyahoga County. • Continue to provide transportation to clients receiving outpatient services. • Continue to utilize quality group homes for people living with mental illness. • Continue to increase vocational and employment opportunities. • Continue to increase peer recovery support services 	<ul style="list-style-type: none"> • Expansion of client transportation programs to outpatient services. • Increase the number of quality SUD recovery housing options. • Increase use of peer recovery support specialists to assist clients in a major hospital emergency room, assist with benefits, life skills, and social interactions. • Maintain contracts with vocational and employment services providers and Opportunities for Ohioans with Disabilities (OOD). • Contract with Ohio Bureau of Worker's Compensation – Substance Use Recovery and Workplace Safety Program (SURWSP) to lessen the impact of substance use epidemic on workforce. • Continue to apply for funding opportunities that increase employment for people living with mental illness and substance use disorders. 	<ul style="list-style-type: none"> • Increased attendance rate and success of outpatient treatment services. • Number of clients accessing transportation services • Number of clients accessing recovery support services • Number of providers certified to provide recovery support services. • Number of employers utilizing the Substance Use Recovery and Workplace Safety Program. • Number of calls to the peer support Warmline. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe)
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<ul style="list-style-type: none"> • Enhance the service continuum for specialized services related to disparate populations. 	<ul style="list-style-type: none"> • Develop opportunities to increase minority-owned providers. 	<ul style="list-style-type: none"> • Increased Number of minority-owned providers certified to provide recovery support services 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe)

Prevention and/or decrease of opiate overdoses and/or deaths	<ul style="list-style-type: none">• Maintain current service continuum for clients with an Opioid Use Disorder.• Maintain and enhance Medication Assisted Treatment (MAT).• Increase harm reduction techniques.• CDC Overdose to Action Project is to determine which overdose deaths were preventable.• Continue to make treatment for SUD services available to adults.• Continue State Opiate Response (SOR) grants to provide expand treatment and supportive services to clients with Opiate Use Disorder and other co-occurring disorders for Recovery Housing services, services for minorities and children and families.	<ul style="list-style-type: none">• Provide education and campaigns on risk factors for opioid overdose, recognition of an overdose and how to respond to an overdose with nasal naloxone.• Provide MAT in the County Jail.• Supply Narcan overdose reversal kits.• Supply 45,000 fentanyl test strips to providers and local businesses through a grassroots campaign.• Make MAT medications available as part of a comprehensive management program that includes psychosocial support.• Through Opioid education training and interviewing the descendant's family members.• Continue to make withdrawal management available and accessible.• Continue to make Medication Assisted Treatment accessible and available.• Continue to make inpatient and outpatient OUD treatment services available	<ul style="list-style-type: none">• Programming established and continued.• Identify the number of kits and test strips distributed.• Identify number of clients receiving MAT.• By the number of attendees and trainings and the number of interviews completed.• Number of clients accessing service for OUD treatment.• Number of clients utilizing recovery supports to maintain sobriety.• Increased availability for clients needing treatment for Opiate Use disorder and supportive services to decrease overdoses and deaths.	<ul style="list-style-type: none">___ No assessed local need___ Lack of funds___ Workforce shortage___ Other (describe)
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		<ul style="list-style-type: none"> • Continue to offer Recovery supports such as Recovery housing available. • Continue regular contact and monthly meetings to collaborate with Recovery Housing providers who are SOR grant recipients 		
Promote Trauma Informed Care Approach Traumatic Loss Response Team	<ul style="list-style-type: none"> • Continued provision of trauma services to individuals and families due to the increasing need for these services as a result of the COVID-19 Crisis, Opioid Crisis, Deaths/Murders and Severe Mental Health Issues. • Increase and continue system-wide partnerships to promote and encourage trauma informed care and best practices related to trauma 	<ul style="list-style-type: none"> • Critical resource that partners with law enforcement when traumatic events occur in the community and schools with expertise in the provision of trauma informed care. • Maintain quarterly meetings at the ADAMHS Board and partnerships with key stakeholders for the Trauma Collaborative Workgroup. • Increase the number of meeting participants to expand knowledge based related to trauma and related practices • Discuss and ensure providers are aware of and utilizing trauma informed care and best practices when developing and executing contractual agreements for program services. • Identify potential speakers and trainers for best practice approaches to care. 	<ul style="list-style-type: none"> • The number of individuals and families seen each quarter. • The number of agencies enlisted to assist with the needs of the individuals and families. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe)

		<ul style="list-style-type: none"> • Increase the number of speakers and presentations. 		
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	<ul style="list-style-type: none"> • Increase the percentage of agencies that provide services targeted to special populations, including the faith-based community. • Expand the prevention service continuum to increase the number of services for special populations which include, but are not limited to, LGBTQ, victims of violent crimes and bullying, etc. • Maintain current service array for the provision of prevention services across the life span from early childhood to adults/seniors. • Maintain current services which address co-occurring SMI/SUD diagnoses for the adult population. 	<ul style="list-style-type: none"> • Identify specific prevention strategies to support the expansion of services. • Conduct a program analysis, re: prevention continuum to identify gaps/barriers. • Assess service gaps within the prevention continuum related to programming specific to special population(s). • Continued monitoring of prevention services offered by Roberto Flores Class 1 Residential Facility (clients with dual diagnosis). • Continue to assess referrals for Roberto Flores Class 1 Residential Facility, making appropriate placements. 	<ul style="list-style-type: none"> • Number of monthly meetings per program. • Identify number of informational materials disseminated. • Number of individuals participating in prevention services. • Number of expanded programs. • Number of Cuyahoga County School Districts participating in the K-12 Prevention initiative. 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe)
Prevention: Increase access to evidence-based prevention	<ul style="list-style-type: none"> • Increase utilization of evidenced-based assessment/screening 	<ul style="list-style-type: none"> • Identify evidenced-based curricula to support service 		<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds

	<p>instrument(s) across prevention programs, such as the DECA, DARS, etc. Increase the number of prevention agencies utilizing evidenced based curricula.</p> <ul style="list-style-type: none"> • Expand knowledge & awareness of evidence-based curricula related to the continuum of prevention services. • To continue providing free Question Persuade and Refer (QPR) trainings – that teach three simple steps that anyone can learn to help save a life from suicide. • Inform the community of suicide prevention resources, including the ADAMHS Board 24-Hour Hotline, Crisis Text and Crisis Chat. • To enhance the work of the Suicide Prevention Coalition to align with the Center for Disease Control and Prevention's (CDC) seven strategies for prevention suicide. 	<p>execution and strategy implementation.</p> <ul style="list-style-type: none"> • Identify under-performing programs to fully utilize evidenced-based assessment/screening instruments. • Identify evidenced based curricula to enhance the prevention continuum. • Provide QPR trainings via ADAMHS Board of Cuyahoga County Training Institute & promotion to community groups focused on youth, adults, and elderly. • Continue to promote Cuyahoga County Suicide Prevention Task Force Webpage and Coalition on ADAMHS Board Website that will offer information on community resources and the work of the Task Force. • Promote 24-hour Hotline, Crisis Text and Crisis Chat and other resources • Conduct a Community Readiness Assessment to better understand local conditions that guide 	<ul style="list-style-type: none"> • Number of programs successfully utilizing evidenced based assessment/screening instruments. • Number of programs implementing evidenced based curricula. • Number of QPR Trainings provided and the training evaluations. • Number of leadership and professional development opportunities provided to members • Completed Community Readiness Assessment • Strategic Planning Data results 	<p>___ Workforce shortage ___ Other (describe)</p>
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		<p>appropriate suicide prevention strategies</p> <ul style="list-style-type: none"> • Enhancing strategic planning efforts through data-driven decision making • Engaging and providing coalition members with opportunities for professional leadership and skill-building training. 		
<p>Recovery Ohio and Prevention: Suicide prevention</p>	<ul style="list-style-type: none"> • Maintain current leadership and membership of the Cuyahoga County Suicide Prevention Coalition with a goal to expand to higher-risk targeted populations i.e. LGBTQ, seniors, and youth. • Increase awareness of coalition activities. • Research and apply for coalition funding from the State and Federal Government. • Complete Community Readiness Assessment • Continue QPR Training in the community. • Promote ADAMHS Board 24-Hour hotline and Crisis Text. 	<ul style="list-style-type: none"> • Maintain collaborative partnerships with the Cuyahoga County Medical Examiner's office, Department of Public Health to examine specific areas in need of access to programming. • Utilize results of Community Readiness Assessment to identify gaps within the community. • Continue to utilize social media to increase awareness of suicide prevention and the coalition. • Establish deeper connections with organic community stakeholders and ambassadors to increase understanding of community needs and barriers; assist in promoting culturally informed suicide prevention messaging; and increase knowledge of available community resources. 	<ul style="list-style-type: none"> • Number of meetings. • Number of new members and partnerships. • Materials and campaign developed. • Decreased number of suicides. • Completion of Community Readiness Assessment • Number of social media posts and impressions. 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<ul style="list-style-type: none">• Increase Gambling Coalition membership.• Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling.• Raise community awareness of the issue of problem gambling and its collateral health effects.• Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling.• Promote gambling prevention treatment and resources.• Recovery Resources will continue to provide Gambling Treatment and Prevention Services• Increase Gambling Coalition membership.• Increase capacity for the number of professionals trained to identify the signs and symptoms of problem gambling.• Raise community awareness of the issue of problem gambling and its collateral health effects.	<ul style="list-style-type: none">• Maintain membership re: Cuyahoga County with the Problem Gambling Coalition and Planning Symposium.• Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services.• Continue to identify additional treatment modalities to support recovery efforts for problem gambling.• Use screening instrument to identify individuals in need of treatment for gambling.• Provide education and training to behavioral health professionals to become certified to provide gambling treatment and prevention services.• Continue to vet additional participants for the gambling coalition meetings and events.• ADAMHS Board of Cuyahoga staff will continue to be part of the Cuyahoga County Problem Gambling Coalition Leadership Committee.	<ul style="list-style-type: none">• Number of social media impressions and clicks.• Number of clicks on gambling page.• Number of trainings.	<ul style="list-style-type: none">___ No assessed local need___ Lack of funds___ Workforce shortage___ Other (describe):
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	<ul style="list-style-type: none">• Increase perception of problem gambling as a potentially harmful activity to reduce risks associated with gambling.	<ul style="list-style-type: none">• Utilize social media to promote trainings and prevention and treatment resources.• Maintain gambling prevention webpage.• Assess current capacity of services including family groups and interventions to build the problem gambling continuum of services.• Continue to identify additional treatment modalities to support recovery efforts for problem gambling.• Use screening instrument to identify individuals in need of treatment for gambling.		
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Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board's service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board's service area.

To complete your waiver request for review, please include below, a brief overview of your board's "reasonable efforts" to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2021-2022

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

ADAMHS Board Name (Please print or type)

ADAMHS Board Executive Director Date

ADAMHS Board Chair Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for “SFY 2021 -2022 Community Plan Essential Services Inventory”

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2019-2020 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. SAMHSA Treatment Locator

Agenda Process Sheet
Date: July 8, 2020

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|---|--|
| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Crawford Recovery House Transfer

Contractual Parties: Signature Health, Inc., and I'm In Transition

Term: July 1, 2020 - December 31, 2020

Funding Source(s): ADAMHS Board

Amount: \$25,000

☐ **New Program** ☒ **Continuing Program** ☐ **Expanding Program** ☐ **Other**

Service Descriptions:

Signature Health, Inc. - Crawford House

- Crawford House is a 7 bed Recovery Housing facility for Men located at 1905 East 89th Street, Cleveland, Ohio 44106
- Crawford House provides a safe, healthy living environment that promotes abstinence from alcohol and other drugs.
- Residents benefit from Intensive Outpatient (IOP), Peer Support, relapse prevention, case management and employment skills training as client's transition into living independently and productively in the community.
- **I'm In Transition Recovery Housing Network** is a faith-based Recovery network that provides a safe and healthy living environment for both men and women and promotes abstinence from alcohol and other drugs.
- All residents have been diagnosed with a substance use disorder and many have been dually diagnosed. The residents benefit from peer support, relapse prevention skills, case management and employment skills training in order to live independently and productively in the community.
- I'm In Transition (IIT) recovery housing program currently operates 5 Recovery residences on Cleveland's east side, including a home for clients receiving Medication Assisted Treatment (MAT).

Background Information:

- Jonathan Lee, Chief Executive Officer of Signature Health, Inc. informed the ADAMHS Board that they were interested in donating Crawford House to a qualified and interested Recovery Housing provider who would maintain the residence and continue to operate it as a Recovery Home.
- After some research, Mr. Lee decided he wanted to donate Crawford House to I'm in Transition to add to their network of recovery homes.
- I'm In Transition welcomed Signature Health, Inc.'s offer and agreed to take over Crawford House July 1, 2020. All current residents will remain housed during the transfer.
- I'm in Transition started as a vision to open a faith-based transitional house in East Cleveland in 2008.
- In 2010 they worked with a real estate broker who helped with their vision and they opened Hadassah House.

- They served close to 100 clients in their first year of occupancy.
- I'm in Transition has been an ADAMHS Recovery Housing provider since 2014. They currently have 5 houses with 38 beds.
- I'm In Transition owners serve on the Board of Ohio Recovery Housing.

Number of Individuals to be served:

- 10-15 per year

Funding Use:

- Recovery Housing for Cuyahoga County men needing a safe, supportive sober living environment.

Client & System Impact:

- The transfer of Crawford House from Signature Health, Inc. to I'm In Transition will allow for this important recovery resource to continue to provide men in early recovery a safe and supportive place to maintain recovery before transitioning back into the community.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none"> • number of referrals received for housing • number of total admissions • number of ADAMHS only admissions • number of residents successfully discharged • number of residents terminated with the reason for termination • number of residents who found employment • number of residents who transitioned or remained in stable housing • number of residents successfully maintaining sobriety • number of residents using MAT medications • average length of stay
Evaluation/ Outcome Data <i>(Actual results from program CY 2019)</i>	<ul style="list-style-type: none"> • (2) referrals received for housing • (3) total admissions • (2) successful discharged • (2) unsuccessful discharges • (1) found employment • (2) transitioned or are in stable housing • (6.3) successfully maintaining sobriety • (0) clients using MAT medications • (36 months) average length of stay • (5.3) engaged in outpatient treatment • (6.3) average monthly census

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- To approve the transfer of ownership of Crawford House from Signature Health, Inc. to I'm In Transition.

Agenda Process Sheet

Date: July 8, 2020

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| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Amendment to Resolution 19-11-08 CAAA Recovery Housing for Men

Contractual Parties: Community Action Against Addiction (CAAA)

Term: January 1, 2020 - December 31, 2020

Funding Sources: ADAMHS Board

Amount: Reduction of \$155,105

- ☐ New Program ☐ Continuing Program ☐ Expanding Program ☒ Other Service Discontinued

Service Description:

- Community Action Against Addiction (CAAA) is a board contract service provider of comprehensive, professional drug treatment services for persons addicted to opiates, who, without treatment, are in danger of continuing the use of illicit substances. These services include, but not limited to, Medication Assisted Treatment (MAT) for individuals with opioid dependence.

Background Information:

- Resolution No. 19-11-08 provided funding to Community Action Against Addiction (CAAA) for Recovery Housing for men.
- Community Action Against Addiction (CAAA) informed the ADAMHS Board that it is not financially feasible for them to continue operating the Recovery Housing for Men program and informed us that they are discontinuing this program.
- As a result of Community Action Against Addiction (CAAA) decision to close the Recovery Housing for Men program, the ADAMHS board is amending their contract to reflect this change.
- The Recovery Housing program was set up to be billed through the GOSH system. To date, no funds have been billed through GOSH for this program for the contracted calendar year 2020.

Metrics (<i>How will success be measured</i>)	<ul style="list-style-type: none"> • number of referrals received for housing • number of total admissions • number of ADAMHS only admissions • number of residents successfully discharged, • number of residents terminated with the reason for termination • number of residents who found employment, • number of residents who transitioned or remained stable housing • number of residents successfully maintaining sobriety • number of residents using MAT medications • average length of stay
Evaluation/ Outcome Data (<i>Actual data from program</i>)	<ul style="list-style-type: none"> • No outcome data collected for CY 2020. Program discontinued at request of the agency.

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- To amend Community Action Against Addiction (CAAA) contract to reflect the discontinuance of Recovery Housing for Men and the reduction of \$155,105 from their CY 2020 contract that was allocated to Recovery Housing for Men.

Agenda Process Sheet
Date: July 8, 2020

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| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Joint Planning & Finance Committee | <input type="checkbox"/> General Meeting |

Topic: US DHHS Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Jail Diversion Grant

Contractual Parties: FrontLine Service \$260,340
CWRU Begun Center \$66,000

Term: September 30, 2020-September 29, 2021

Funding Sources: US DHHS Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA)

Amount: **\$330,000** (the Board will retain \$3,660 in Year 03 to cover mandatory national travel expenses.)
A 25% match is required; the Board is providing this on an in-kind basis through staff time and operations costs at the Crisis Stabilization Unit (CSU).

☐ **New Program** ☒ **Continuing Program** ☐ **Expanding Program** ☐ **Other**

Service Description:

- The CIT P.L.U.S. Jail Diversion Pilot Project provides referral/linkage and support services to persons in crisis who are diverted from jail by using alternative resources such as the Crisis Stabilization Unit. Mental health staff as well as Peer Support Staff from FrontLine Service work collaboratively with Crisis Intervention Team Officers (CIT).

Background Information:

- SAMHSA funding is intended to divert adults with SMI from jail by providing an alternative.
- Crisis Intervention Team (CIT) officers lack a consistent diversion point for a warm handoff to behavioral health providers who can provide a secure environment that is less restrictive than a hospital and/or jail.
- Service gaps include a need for immediate stabilization/pharmacological management, a comprehensive behavioral health assessment, and linkage to treatment within 48 hours of admission.
- The need for “no wrong door” alternative for crisis calls.

- This award represents the second year of a five-year project totaling nearly \$1 million.
- During the first year of program operations, referral mechanisms have been piloted and refined. CDP officers have received training and information regarding the project's target population and the availability of the CSU.
- Referrals have begun to increase as officers recognize the CSU as a potential diversion point for clients with SMI.

Number of Individuals to be served:

- Up to 30 in the first year; Up to 55 per year in successive years.

Funding Use:

- This pilot project expands resource options for CIT officers by having access to other alternatives to jail such as the use of the Crisis Stabilization Bed operated by FrontLine Service.
- In this pilot project, direct services are delivered by FrontLine Service (FLS). The Board contracts with the Case Western Reserve University's Begun Center for Violence Prevention, Research and Education (CWRU) for federally required evaluation and performance assessment services.

Client & System Impact:

- Clients are to be provided immediate stabilization, linkage to treatment/case management and ongoing Peer Support in the community.

Metrics <i>(How will goals be measured)</i>	<p>Goal 1: Increase access to less restrictive settings as a diversion point such as the use of Crisis Stabilization Unit for people in crisis.</p> <p>Goal 2: Increase engagement with persons in crisis through coordination and referral activities by mental health and peer support staff of FrontLine Service.</p> <p>Goal 3: To demonstrate effectiveness of the pilot project through monitoring and evaluation data collected and analyzed by CWRU Begun Center.</p> <ul style="list-style-type: none"> • <i>At the point of the six-month interview following enrollment:</i> • 70% of clients will report dealing effectively with daily problems • 70% of clients will report feeling they are more in control of their life • 70% of clients will report able to deal with crisis • 70% of clients will report symptoms not bothersome • 70% of clients will report getting along with family • 70% of clients will report doing well in social situations <p>Goal 4: To increase utilization by police and people in crisis by continued advocacy and publicizing alternative resources in the community.</p> <ul style="list-style-type: none"> • Continued updates on the project through CDP In Service Training • Continued updates on the project through individual district roll calls. • Continued advertisement of the Crisis Stabilization Unit in the community, hospitals and shelters.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ol style="list-style-type: none"> 1) Increase in collaboration among the homeless shelters. 2) Expanded access to the facility to every police district in Cleveland. 3) Incorporated information about the program through CDP In Service Training. 4) Six referrals from three police districts since March. 5) Increase in clients returning to the CSU without police intervention.

	Note: No clients have reached the 6-month interview point.
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Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- To recommend approval to the Board of Directors to accept funds from SAMHSA and to contract with FrontLine Service in the amount of \$260,340 and CWRU Begun Center in the amount of \$66,000 for the second year of a five year project totaling nearly \$1 million.

Agenda Process Sheet

Date: July 8, 2020

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| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: State Opioid Response (SOR) Grants
Additional Board Opportunities

Contractual Parties: Various trainers/presenters

Term: June 15, 2020-September 28, 2020

Funding Source(s): OhioMHAS/SAMHSA

Amount: \$15,290

☒ **New Program** ☐ **Continuing Program** ☐ **Expanding Program** ☐ **Other**

Service Description:

- A series of online trainings will be offered to providers currently contracted by the ADAMHAS Board to deliver services funded by SOR dollars. Topics will include: Cultural Competency; Compassion Fatigue; Social Modeling of Recovery Housing with MAT; Opioid Treatment in the COVID 19 Era; Suicide Prevention Among Opioid Use Disorder (**OOD**) Clients; Minority Community Addiction: Tomorrow, Today and Yesterday (4 part series); Integrated Treatment; and Motivational Interviewing to Engage the Reluctant Client. CEUs will be offered.

Background Information:

- In late April, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) issued a Request for Application (RFA) to County Behavioral Health Authorities that are currently participating in the State Opioid Response (SOR) grant. The RFA described specific SOR related projects to be carried out during the period between June 15-September 28, 2020. The ADAMHS Board sought funding to facilitate behavioral health training in sustainable best practices in prevention, treatment and recovery supports for persons at risk of OUD.

Number of Individuals to be served:

- To ensure audience participation and engagement, online training sessions will be limited to 30 participants from among these 15 providers. Sessions will vary from one two three hours, based on content. It's estimated 9 training sessions will take place, with the capacity to reach 270 (duplicated) participants.

Funding Use:

- Funding will be used to reimburse trainers for their preparation and presentation time for these online events.

Client & System Impact:

- Training in evidence-based practices will be provided to the 15 agencies in Cuyahoga County currently funded by SOR dollars. This will build local capacity to address the challenges arising within the OUD population in real time. Participants will learn techniques in client care and will acquire connections to the latest resources in best practices locally and nationally.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none"> • Number of participants in each session • Demographics of participants • Evaluation of training content
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none"> • New program - TBD

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- Board staff recommends accepting the SOR funds from OhioMHAS for the capacity building training in the amount of \$15,290.

Contractual-Personal Service Contract

Presenter	Topic	Schedule	Cost Estimates
Darryl Turpin, MPA, CADC, and Guy Wheeler- from The Pinwheel Group, African American Male Empowerment Network. Guy Wheeler is also CEO of Wheeler Group. Out of Florida. Former director of the Broward County Drug Court. Creators of Time. Habilitation, Empowerment, Accountability and Therapy (HEAT) Time. Evidence based treatment model for serving African American men. Faculty with National Association of Drug Court Professionals, National Council for Juvenile and Family Court Judges. Produced: <i>The Cost of Addiction-Men in Recovery</i> .	<i>Minority Community Addiction: Tomorrow, Today and Yesterday</i> Four sessions: <ul style="list-style-type: none"> • Self care • Juveniles • Family • Criminal Justice 	July 9, 2020 9a-12p July 16, 2020 9a-12p July 23, 2020 9a-12p July 30, 2020 9a-12p	\$8,000
Erin Helms, Executive Director, Woodrow Project Housing	Three sessions: <ul style="list-style-type: none"> • Social Modeling of Recovery Housing; 	Three part series weekly Two hour sessions	\$300.00 <i>We are waiting for Erin's availability for July, Aug, Sept.</i>

	<ul style="list-style-type: none"> • MAT: De stigmatizing the Myth; • Quality Recovery Housing in COVID 19 		
Dr. Ted Parran, M.D. co-medical director of St. Vincent Charity Medical Center's Center of Excellence in Addiction Medicine	Opioid Treatment in the Era of COVID 19	August 25, 2020 9a-11a	\$750.00
Sherry Molock, Ph.D Associated Professor, Clinical Psychology, George Washington University	Suicide in Communities of Color	One session (3.0) Day & Time TBD Zoom mtg on 6/23/20 @ 2p	\$300.00
Dr. Christine Delos Reyes, M.D., Associate Professor in the Department of Psychiatry University Hospitals Cleveland Medical Center	1. Integrated Treatment for Co-Occurring Severe Mental Illness and Substance Use Disorders	2 hours	\$1,000
	2. Engaging the Reluctant Client—Strategies from Motivational Interviewing	1 hour Has not confirmed availability	\$1,000
LaToya Logan, LISW-S CEO, Project LIFT Services	Cultural Competency	August 11,2020 9a-12:15p	\$1,000
Julius Simmons, Paul Hill, and Lanon Hill	Racism and the Effects on Children	Day and time TBD Zoom mtg on 6/30 @ 11a	\$300.00 per person



Agenda Process Sheet

Date: July 8, 2020

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| <input type="checkbox"/> Community Relations & Advocacy Committee | <input type="checkbox"/> Faith-Based Outreach Committee |
| <input checked="" type="checkbox"/> Planning & Oversight Committee | <input type="checkbox"/> Finance & Operations Committee |
| <input type="checkbox"/> Committee of the Whole | <input type="checkbox"/> General Meeting |

Topic: Enhancement of Crisis/Information/Referral/Support Hotline with SAMHSA Emergency COVID-19 Funds

Contractual Parties: FrontLine Service

Term: August 1, 2020 – September 30, 2021

Funding Source(s): SAMHSA Emergency COVID-19 Grant Funds

Amount: \$51,563.83

☐ New Program ☐ Continuing Program ☒ Expanding Program ☒ Other: COVID-19 Funding

Service Description:

- FrontLine Service will expand Cuyahoga County's 24-Hour Suicide Prevention, Mental Health & Addiction Crisis/Information/Referral Hotline: 216-623-6888, by hiring a new staff member to assist in answering calls and screening individuals utilizing the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool to identify and direct individuals impacted by COVID-19 to the appropriate levels of care.
- If a therapeutic intervention is required, FrontLine will facilitate a warm-handoff for evidence-based treatment and/or recovery support services to assist with anxiety, depression and trauma caused by the COVID-19 crisis.
- The ADAMHS Board of Cuyahoga County will implement a no cost social marketing and direct e-mail campaign aimed at healthcare workers at our behavioral health providers and the general public to assist with the stress or need services because of dealing with the impact of COVID-19, including job loss, dealing with change in delivering services and the overall stress of handling the increased stress exhibited by clients. The message will direct individuals to call 216-823-6888.

Background Information:

- OhioMHAS received a \$2 million SAMHSA grant for Emergency COVID-19 funding to address mental health and substance use disorders during the COVID-19 pandemic.
- Each collaborative will receive \$309,383 of this award from OhioMHAS. The Northeast Ohio (NEO) Collaborative includes Cuyahoga, Lorain, Lake, Geauga, Ashtabula and Summit Counties. The ADAMHS Board of Cuyahoga County is the fiscal agent for the NEO Collaborative. The ADAMHS Board of Cuyahoga County's share of these funds is \$51,563.83. OhioMHAS will distribute the SAMHSA COVID-19 funding on a quarterly basis.
- As part of the grant requirement, FrontLine will provide Government Performance and Results Act (GPRA) data.

- Specifics of the SAMHSA COVID-19 funding:
 - Can be used for either SMI, SED, SUD or both for adults and children:
 - 70% of the people served must be either SMI, SED, SUD or both.
 - 10% must be health care practitioners experiencing a non-SMI mental health disorder that requires care.
 - 20% can be anyone with any diagnosis that is not SMI, SED or SUD, such as people who are experiencing loss of a job, grief, etc.

Number of Individuals to be Served:

- The number of individuals served should reflect the percentage requirements outlined in the grant, or as modified by OhioMHAS.

Funding Use:

- FrontLine Service will expand Cuyahoga County's 24-Hour Suicide Prevention, Mental Health & Addiction Crisis/Information/Referral Hotline: 216-623-6888, by hiring a new staff member to assist individuals experiencing mental health and substance use issues related to COVID-19.

Client & System Impact:

- Increased Crisis/Information/Referral/Support Hotline staff to provide services to individuals experiencing mental health and substance use issues related to COVID-19.
- Increased awareness of the behavioral health impact of COVID-19 on individuals living with mental illness and/or substance use, front-line healthcare workers and the public, as well as informing that help is available.

Metrics <i>(How will goals be measured)</i>	<ul style="list-style-type: none"> • FrontLine, as well as each provider selected in the NEO Collaborative will report on the use of funds to OhioMHAS on July 14, 2020, October 14, 2020, January 14, 2021, and April 14, 2021. • FrontLine and each provider will enter clinical care performance data, such as demographics, diagnostic categories, functioning, and other variables as required into the GPRA, and provide other information, such as occupation, that will be determined by OhioMHAS.
Evaluation/ Outcome Data <i>(Actual results from program)</i>	<ul style="list-style-type: none"> • N/A

Recommendation to Board of Directors from Board Staff and/or from Board Committee(s):

- Enter into a contract with FrontLine Service to expand Cuyahoga County's 24-Hour Suicide Prevention, Mental Health & Addiction Crisis/Information/Referral Hotline: 216-623-6888, by hiring a new staff member to assist individuals experiencing mental health and substance use issues related to COVID-19.